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SOME MORE MEDICAL VIEWS
ON
BIRTH CONTROL

EDITED BY
NORMAN HAIRE
Ch.M., M.B.



LONDON
CECIL PALMER
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EDITOR'S NOTE

EACH contributor is alone responsible for his or her own contribution.

I

NORMAN HAIRE

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AT the end of 1926 that distinguished and indefatigable opponent of Birth Control, Sir James Marchant, published a book which he called *Medical Views on Birth Control*. It consisted of nine articles by medical men and women, and it is noteworthy that his choice fell on a number of well-known *opponents* of the Birth Control movement, but not on a single well-known *supporter* of it. Many of the contributors to that volume are uncompromisingly against Contraception, while the rest seem disinclined to commit themselves to a definite pronouncement either way—though one or two of the latter are obviously bound to become advocates of Birth Control as soon as they gather sufficient courage to declare themselves.

The unsuspecting layman, anxious to find out at last what the medical profession really think about this subject, might easily be misled by the title into believing that the book really

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offers a fair sample of their views. Indeed, certain sections of the lay Press hailed it as a representative expression of medical opinion, and announced that there could no longer be any question that the medical profession of this country considered the Birth Control movement to be a moral and physical danger to the community.

I know Sir James Marchant, and respect him too highly to believe that he would *consciously* select his contributors and choose his title with the deliberate purpose of producing a misleading impression on his readers; but our *unconscious* can play sad tricks on the most honest of us, and in this case Sir James's unconscious has produced a label which does not accurately describe the goods he has to offer.

Actually his book does not represent the attitude of the medical profession as a whole at all. The profession is divided into three camps: (1) Those who are definitely in favour of Birth Control, (2) those who are definitely against it, and (3) those who hold a middle position. The majority of the opponents, as might be expected, are found among the older members of the profession, who were educated well back in the Victorian era, when Birth Control was regarded very differently than it is to-day.

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It is interesting to note the year of birth of the writers selected by Sir James, as given in *Who's Who* and similar books of reference :—

				BORN	
Scharlieb	..	..	..	1845	-
Newsholme	..	..	..	1857	
Buist	..	..	..	1860	
Robertson	..	..	..	1862	
Giles	..	..	..	1864	
Hill	..	..	..	1866	
Horder	..	..	..	1871	
Crichton-Miller	..	..	..	1877	
Fairfield	..	..	..	1885	

Thus, of the nine contributors to the book, one is over eighty, two are over seventy, six are over sixty, while two are in the fifties, and one in the forties. The average age of the contributors is approximately sixty-two. It is obvious that we should not expect, from such a very senior group of medical men and women, a set of views on such a subject as Birth Control accurately representing those of the profession as a whole.

The facts referred to above have led me to prepare the present symposium as a sort of companion volume to Sir James Marchant's book. I do not pretend that it represents all shades of medical opinion on the subject of

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which it treats. Since the opponents of Birth Control are already so numerous in the other volume, I have selected my writers from the other two camps—those who are definitely in favour of Birth Control, and those who occupy a middle position. I mention this fact explicitly so that I shall not leave myself open to the charge that my unconscious has played me the sort of trick that Sir James's did him.

One of the outstanding defects of *Medical Views on Birth Control* is that though it contains many contributions from very distinguished members of the medical profession, not a single one of them appears to have had any considerable amount of experience of contraceptive practice. This largely invalidates their views on many points, particularly on the question of the nature and effects of the various contraceptive methods. In order that my book shall be free from this objection, I have included articles from four doctors—Aletta Jacobs, Hannah Stone, Jane Hawthorne, and myself—who have had long experience of Birth Control, both at Clinics and elsewhere, and have thus had the opportunity of observing many thousands of cases of contraception.

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For the rest, Sir Arbuthnot Lane, a surgeon, and Sir James Barr, a physician, are well-known advocates of Birth Control ; while Mr. Aleck Bourne (gynæcologist), Dr. Eder (psychologist), Dr. Goddard (Public Health), Dr. Hamblin Smith (criminologist), and Professor Crew (Biology and Genetics), have not previously taken any prominent part in the controversy.

Three of my contributors are in the seventies, one in the sixties, two in the fifties, one in the forties, and three in the thirties.

* * * * *

I had better make it quite clear at the beginning that, as a medical man, I am concerned with physical and mental health. I am not concerned with what is called the soul. I want to see people healthy and happy in *this* life. I am interested in man's relations to his fellows and to posterity ; I am not interested in his relation to any god or gods. Any reader who expects my views on Birth Control, or on any other topic, to be concerned with what the Bible, or the Church, says about it, will be disappointed, and may as well, perhaps, save himself the trouble of reading the rest of my contribution to this book.

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I am a Rationalist ¹—that is, I attempt to base my philosophy of life on reason and not on superstition. I am a Hedonist ²—that is, I aim at achieving as much happiness as possible both for others and for myself.

The immediate reason for these remarks is a criticism by a medical colleague which appeared in *The Medical Officer* (October 10, 1927) concerning a book from my pen.³ He said :—

Most of the author's suggestions as to sex education, Birth Control, and sterilization, would increase human happiness. *But we are not made for happiness.*⁴ Rather are we made for greatness and self-control ; the direction of our energies to good ends makes us great.

If I shared that philosophy, I should not practise medicine at all. How could I attempt to relieve a patient's pain or suffering if I believed that, by so doing, I was increasing his chances of happiness and depriving him of a valuable opportunity of acquiring self-control ! I cannot believe that the reviewer himself really holds that philosophy—like the majority of people, he has probably not arrived at any

¹ See article "Rationalism," *Encyclopædia Britannica*, 13th edit., p. 916.

² See article "Hedonism," *ibid.*, p. 197.

³ *Hymen : The Future of Marriage*, London, 1927.

⁴ My italics.—N. H.

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fixed philosophy of life, but has a muddled collection of views, many of which are mutually incompatible.

It is essential for the understanding of my views on Birth Control that the reader should clearly grasp that my aim is the attainment, and the increase, of human health and happiness. I shall not quarrel with anybody who thinks that I am wrong in supposing that Birth Control will help to attain these ends ; but after this explanation nobody will have any excuse for believing that I am aiming at anything else.

It is a curious and interesting fact about the Birth Control controversy that a large proportion of both protagonists and antagonists are quite unable to preserve an objective attitude in its discussion. Many of them indulge in open abuse of particular individuals who hold opposite views, or even of those who hold slightly different shades of opinion in their own camp. Some of the champions of Birth Control heap abuse on the Roman Catholic Church, while Roman Catholics often apply the most insulting, and indeed libellous, epithets to the advocates of Birth Control.

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One has only to read the works of Marie Stopes, D.Sc., Ph.D., or Dr. Halliday Sutherland, to realize the extent to which this lack of objectivity may be carried. Marie Stopes is one of the most distinguished women of our age. Brilliantly clever, of world-wide repute as a palæontologist, she, more than anyone else—except, perhaps, Margaret Sanger—has made it possible for decent people to take part in an open discussion of Birth Control. Without her campaign of publicity it would have been impossible for medical men and women to speak and write frankly on the subject as we can to-day. Dr. Sutherland is a medical man of high repute, kind, conscientious, and capable.

Each of these two people can discuss any other scientific question objectively and dispassionately; but when it comes to Contraception they become emotional, they cast aspersions, they impute motives, they make accusations—all scientific objectivity is lost.

It seems particularly difficult to keep religion out of the scientific discussion of Contraception. Marie Stopes, who is by training a scientist, and who is regarded by many as an authority on the scientific aspect of

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Contraception, publishes a book¹ in which she claims to have received a special revelation from the Deity on the subject of Birth Control. Dr. Sutherland, writing as a medical man to prove that Birth Control is physically harmful, adds a lot of theological and other arguments, and calls his book *Birth Control : A Statement of Christian Doctrine Against the Neo-Malthusians*. Lady Barrett, a distinguished gynæcologist, writes a medical monograph on Contraception,² and issues it with a preface by the Archbishop of Canterbury.

And nobody seems surprised ! If my dentist were to write a " New Gospel " claiming that he had had a special revelation from the Deity on the subject of Pyorrhea, or Sir Henry Gauvain were to write a monograph on Artificial Sunlight with a preface by the Chief Rabbi, or I were to publish a book entitled " Alcohol : A Statement of Mohammedan Doctrine against the Froth-Blowers," everybody would smile in derision—and rightly. But nobody seems surprised at the analogous antics of the writers on Birth Control. Very few people seem even to

¹ *A New Gospel to all Peoples. A Revelation of God Uniting Physiology and the Religions of Man.* First Delivered to the Bishops in Session at Lambeth, 1920, through Marie Carmichael Stopes, Doctor of Science, Doctor of Philosophy, London, 1922.

² *Conception Control*, London, 1922.

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be conscious that the attitude of these writers is in any way extraordinary.

It therefore becomes important that the few clear-sighted people who are aware of what is happening should point it out clearly to their fellows. It is interesting to note the glaring inaccuracies, the strange interpretations of facts, and the suspicious omissions, into which writers on Birth Control are led by their prejudices. For instance, in Lady Barrett's book above-mentioned,¹ published in 1922, she advocated the so-called *Safe Period* as a quite reliable method of contraception, basing her views on a paper published by a German observer named Siegel in 1916. She makes no reference to the fact that the same observer had published a book² in 1917, in which he admitted that further evidence had forced him to modify his former views, and that he was now convinced that no absolutely safe period existed. Nine years after the publication of this book, Dame Mary Scharlieb, writing in 1926,³ quoted Siegel's 1916 paper (favourable to her own view), and made no reference whatever to the recantation which appears in the later work.

¹ See footnote 2, p. 19.

² *Gewollte und Ungewollte Schwankungen der Weiblichen Fruchtbarkeit*, by Dr. P. W. Siegel, Berlin, 1917.

³ *Medical Views on Birth Control*, edited by Sir James Marchant, London, 1926, p. 62.

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It is hard to resist the inference that these writers were influenced by an unconscious wish *not to know* the evidence that was unfavourable to their preconceived views.

Another interesting instance of prejudice is observable in the writings of Dr. A. E. Giles,¹ one of the foremost British gynæcologists of the day. Dr. Giles begins his essay with the remark that Birth Control "is an insult to Nature, and a violation of her laws." Towards the end of his essay he says :—

Some years ago, when investigating the relationship between fibroid tumours of the womb and sterility, the following rather striking facts were brought out. Of 881 cases in which the diagnosis of fibroid tumours was verified by operation, 271 or 30·8 per cent. occurred in single women ; 176 or 20 per cent. were in childless married women ; so that in all, 447 or 50·8 per cent. were in women who had not borne children. The remaining 434 or 49·2 per cent. were in women who had had children ; but among them the average time that had elapsed since the birth of the last child was ten years. The fibroid tumours could not be considered to be the cause of sterility, because these tumours occur in middle life, mostly after the age of forty, and in a few cases after thirty. Pregnancy had therefore had its chance before the fibroids started. The unavoidable inference is that these tumours develop in the absence of pregnancy, and that when the womb is fulfilling its normal function of child-bearing it is much less prone to become the seat of fibroid tumours.

¹ *Medical Views on Birth Control*, edited by Sir James Marchant, London, 1926, p. 87.

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As a matter of fact, we need much more exact data before we are able to draw any trustworthy inferences of this or any other sort. We want to know whether the 271 single women were all virgins. We want to know, concerning all the women, whether they had used contraceptives, what sort of contraceptives they had used, how long they had used them, and how often they had coitus. We want to know how many of the childless women would have been childless, owing to some disease or defect in themselves or their husbands, even if they had not used any contraceptive at all. We want to know the ages of the women when the diagnosis of fibroid tumours was verified by operation, and the age at which the fibroid tumours *began* ; for it is well known that quite young women frequently have small fibroids which do not reach a size necessitating removal till many years afterwards.

But let us assume, as Dr. Giles apparently does, that all the single women were virgins, that all the married women were having frequent intercourse, and that all other data are superfluous. What conclusions would any unprejudiced observer arrive at ?

He tells us that 30·8% of the fibroids occurred in unmarried women, 20% in childless married

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women, and 49·2% in married women who had borne children. From this one would infer that a childless married woman is less liable to fibroids than a virgin (in the proportion of 20 to 30·8), and much less liable than a married woman who has borne children (in the proportion of 20 to 49·2). The obvious inference is that virginity is conducive to fibroids, and motherhood much more so, and that if a woman wants to escape fibroids she would be well advised to have intercourse frequently but avoid motherhood.

I do not, of course, believe that this inference is justified, but at least it is more in accordance with the scanty data than that of Dr. Giles himself. By some mysterious leap, which neither I nor any of my acquaintances to whom I have shown the passage are able to follow, Dr. Giles arrives at the surprising conclusion :—

If the uterine congestion is frequently stimulated by married life without the opportunity of this congestion finding its normal outlet in pregnancy, it is all the more prone to expend itself on the formation of fibroid tumours. Consequently, when Birth Control is exercised from the outset of married life, and before any pregnancies have taken place, it seems certain that the practice favours the development of fibroid tumours of the womb.

Surely never has a scientific man (uncon-

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sciously) so misinterpreted his facts to fit in with his preconceived opinions.

This sort of misinterpretation and jumping to conclusions based on insufficient data is frequently met with in Birth Control literature, and is incidentally responsible for most of the allegations that contraceptives are harmful. One of the commonest charges brought by the opponents of Birth Control is "The use of contraceptives causes sterility." There is scarcely a single medical opponent of Birth Control who does not make this allegation at one time or another. What sort of evidence is it based on?

A married couple consult a doctor who is opposed to Birth Control. The conversation may be represented somewhat as follows:—

MARRIED COUPLE.—Doctor, we have been married for some years, and no pregnancy has occurred. Can you do anything to help us to have a baby?

DOCTOR.—Have you used contraceptives?

MARRIED COUPLE.—Yes, doctor. When we first married, health and economic reasons led us to use contraceptives for a little while. Later on, when we wanted to have a baby, pregnancy did not occur. It is many years now since we took any precautions against pregnancy.

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DOCTOR.—You cannot thwart Nature with impunity! Birth Control is an affront to Nature and an offence against her laws!! Nature is now taking revenge for your sin against her!!! You used contraceptives, and now you are sterile—the contraceptives caused the sterility.

Exeunt the married couple with a very proper sense of guilt, while the doctor puts the three guineas in his pocket with the righteous air of one who has done his duty nobly and well.

The prejudiced doctor's *post hoc ergo propter hoc* reasoning is quite unjustified by the data. In some cases the contraceptive method employed *may* be responsible for the sterility. In the majority of cases it is not. Instances of this sort need careful investigation. Often it will be found that the husband suffers from *azoospermia*¹ or *necrozoospermia*,² and that the wife would therefore have remained unimpregnated by him even if she had never used any sort of contraceptive at all. Often her barrenness is due to some defect in herself quite unrelated to the use of contraceptives. Sometimes it is due to some sexual maladjustment

¹ A condition characterized by the absence of all sperm-cells from the semen.

² A condition characterized by the absence of *live* sperm-cells from the semen.

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between the couple, both of whom may prove fertile with a different partner. Every doctor knows of many men who have never used contraceptives and are, nevertheless, quite sterile, and of many women who have never used contraceptives, and are, nevertheless, quite barren. It is not only unscientific, it is intellectually dishonest, to state, without further investigation of such cases, that "contraceptives cause sterility."

And here it may be opportune to point out that vague statements of this sort do not help us at all to solve our problems. There are at least a hundred different sorts of contraceptives—some may be harmful in all circumstances, some may be harmful in some circumstances, some are harmless in all but very exceptional circumstances. The opponents of Birth Control would serve their cause much better if they took the trouble to investigate the available evidence more carefully, and founded their allegations on specific instances with adequate data, making it quite clear what particular method they are condemning, and under what circumstances they allege it has caused mischief. But since the opponents of Birth Control so frequently exhibit a very complete and exhaustive lack of knowledge and experience of

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contraceptive methods, this is, of course, rather difficult for them to do. In this regard, the advocates of Birth Control have, on the whole, a much better record to show.¹

Not that the latter are free from conclusions based on insufficient data—far from it! Similar faulty reasoning from insufficient data is mainly responsible for the statement, made perhaps oftener by advocates of Birth Control than by their opponents, that the male secretion is absorbed by the female and exerts a beneficial effect on her health. This *may* be true. I cannot disprove it, nor do I wish to. But what evidence is brought forward to support it? (1) Beneficial effects on the health are often noticed to follow the beginning of regular sexual intercourse. (2) An enthusiastic lady observer put some iodine in her vagina, and after a few minutes was able to demonstrate the presence of iodine in her saliva, thus showing that iodine

¹ See, for instance, the articles by Lady Barrett and Dr. Henry Corby in the *Practitioner* (Special Number on Contraception), July, 1923; and *The Effect of Contraceptive Practices on the Female Sexual Organs*, by Dr. F. J. McCann, London, 1927. It is obvious that the "moral" objections of such writers makes it impossible for them to investigate the subject properly—one is reminded of Roebuck Ramsden in Shaw's *Man and Superman*: "I have in my hand a copy of the most infamous, the most scandalous, the most mischievous, the most blackguardly book that ever escaped burning at the hands of the common hangman. I have not read it; I would not soil my mind with such filth. . . . The title is quite enough for me."

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can be absorbed from the vagina. From this she assumes that semen is equally capable of being absorbed from the vagina, and that the beneficial effects on health which are often noticed to follow the beginning of regular sexual intercourse are due to such absorption of semen.

These assumptions are quite unwarranted. Iodine is a protoplasmic poison, and may be absorbed by cells which will not absorb semen, for the latter is not a protoplasmic poison. The beneficial effects on the health may be due to the act of sexual intercourse itself, quite apart from any absorption of semen—indeed, there is a good deal of evidence that regular moderate sexual intercourse, properly performed, even with the use of certain contraceptives, is in itself beneficial to all normal adults.

Those medical writers on Birth Control who base their opinions on theories elaborated in the study, and not on actual experience, must be reminded that the size of a family, by itself, offers no evidence of the use or non-use of contraceptives. It must not be assumed, as it often is, that where there is a large family no attempt at contraception has been made, and that where there is a small family the smallness is due to the use of contra-

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ceptives. An investigation carried out by Mr. Sidney Webb among the members of the Fabian Society showed that of 316 marriages 242 were "limited" and 74 "unlimited." The former had an average of 2·7 and the latter 2·9 children per marriage—a very small difference in favour of those who did not use contraceptives. But in a similar inquiry made by the National Birth-Rate Commission, in 287 families in which contraceptives were used there was an average of 2·4 children per marriage, while in 188 marriages in which contraceptives were not used the average was only 1·8—a very considerable difference in favour of those who used contraceptives. Lady Willoughby de Broke collected statistics of 94 families where contraceptives were used with an average of 3·1 children per marriage, and 19 where contraceptives were not used with an average of only 2·5. It would be easy to fall into the error of assuming that the use of contraceptives tends to produce large families, and the non-use of them small ones.

But the truth is that such inquiries as have been published up to the present do not give sufficient data to draw any conclusions at all. My own experience of many thousands of married couples investigated not only in this

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country, but also in the United States of America, Canada, Germany, Holland, Belgium, France, Austria, South Africa, Italy, and Australia, all of whom I have questioned carefully about the use or non-use of contraceptives, leads me to believe that there are very few marriages in which some attempt at contraception is not made either regularly or intermittently. Often it takes the form of coitus interruptus or some other sort of incomplete intercourse, or one of the simple expedients which do not entail the use of any apparatus, and in such cases the patient very often replies that no attempt at contraception has been made. More careful questioning will often elicit the truth. I have no doubt that the evidence which is now being collected in a number of Birth Control clinics, as well as by hundreds of doctors throughout the country, will confirm my view that some attempt at Birth Control is made in the vast majority of families, and that the size of the family depends largely on the efficacy of the particular method or methods employed.

A good deal of nonsense is talked about the advantages and joys of being one of a large family. I can claim some first-hand knowledge on this point as I am the youngest of eleven children, one of whom died in infancy, the

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other ten being still alive. My parents were married in November, 1874, my father being thirty-five and my mother twenty-two. The children were born as follows :—

- (1) August 1875
- (2) November 1876
- (3) March 1878
- (4) October 1879
- (5) April 1881
- (6) November 1882
- (7) May 1884
- (8) January 1886
- (9) March 1887
- (10) Date unknown, died in infancy.
- (11) January 1892

Thus, excluding altogether the possible occurrence of miscarriages, because I have no exact information on this point, we see that eleven children were born within sixteen years and five months, so that the average interval between births was a little less than eighteen months. I have a very distinct memory, dating from my seventh year, of my discovery of a paper-covered book on Contraception carefully hidden away in the top drawer of my mother's wardrobe, and an irreverent member of the family once referred to me as " an accident " ; so I can only suppose that some attempts at contraception had been made, though of their nature,

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duration, and regularity, I have no exact knowledge.

My father had been a wealthy man, and up to 1890 the elder members of the family were given every comfort and a good education. Then suddenly there was some sort of general financial crisis in Australia—a bank-smash, I think—and my father found himself a comparatively poor man. The elder boys had to find some sort of opening in business, and although there was enough to feed and clothe us well, and we did not suffer from actual want, the doctor, the dentist, and the oculist became luxuries only to be afforded in extremity—a real deprivation. The teeth and eyes, in particular, of most of the elder members of the family suffered in consequence. I myself did not get spectacles till the age of eleven, though it is quite certain that I needed them for at least six years before that. The only one of the children who got any serious illness promptly died of it. When one child caught measles, several others were put to bed with him at the same time, in the pious hope that they might catch it, so that all the trouble would be got over at once. There is no doubt that we all missed a great many advantages which we might have had if there had been only five or

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six of us, instead of ten, to provide and care for. The elder ones had gone to expensive schools—the younger ones had to be sent to the State schools, which were free. As it happened to be in Sydney, where the State schools were actually better than the expensive ones run by private enterprise, this was not a disadvantage, though if we had been in England it would have been a calamity. It was not until I began to approach adolescence that the gradual improvement in our financial circumstances, and the fact that there were no children younger than me to be provided for, made it possible for me to be given a University training.

There was a general feeling in the family that there were far too many of us. My father and mother would, under normal circumstances, I think, have been excellent parents. As it was, they did their best for us ; but, harassed and worried as they were by their excessive responsibilities, they became irritable and bad-tempered. Nobody could have been more devoted than my mother ; but my father, who was over fifty-two when I was born, and had been compelled to return to business after many years of leisure, found the squalling and disturbance of another baby almost more than he could bear. I was the last straw, and he

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made my life as unhappy as possible. The general atmosphere was anything but pleasant, and none of the younger members of the family had a happy childhood. I used to resent this and feel very bitter about it, though now, when I consider all the worries the large family must have entailed, I can make due allowances. There is no doubt, however, that the trials and tribulations due to the excessive size of the family permanently affected the physical health, and to a far greater extent the happiness, of both parents and children.

I am accustomed to read glowing articles describing the transcending joys of being one of a large family, generally written by people who have taken good care not to have their own quiver too full. Somehow or other these joys seem to have left *us* cold. Of the ten children in my family three are still unmarried, two have one child each, two have two children each, and three have three children each.

I have not hesitated to discuss frankly the somewhat intimate details of my own family life, because I think there is a real need for the expression of opinion by those who *know* what being one of a large family means, to correct the opinions of those who only *theorize* about it. And it must not be supposed that our expe-

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rience was exceptionally unfortunate. On the contrary, we came of a pretty healthy stock, we always had plenty of wholesome food, warm clothing, sunlight, and fresh air. We were middle-class people, living in a big house, and able to afford domestic servants. We did not suffer from absolute poverty at all. Our poverty was only relative. The worst factor was the unfortunate psychological effect of too many children, in mildly unfavourable financial circumstances, on both our parents and ourselves. Consider the plight of my poor mother. For eighteen years she was either pregnant or suckling. For eighteen years she was never without one baby under two years of age—generally there were two. For eighteen years she could scarcely have had a night's unbroken sleep.

Imagine the case of a similarly large family less fortunately placed, where the poverty is acute, where there is a shortage of food and clothing, where the housing is inadequate, where there is nobody to help the harassed mother with her swarm of children, where there is not even enough sunlight and fresh air, where the family are of poor stock to begin with, where the father is unemployed or unemployable, the mother unintelligent or thriftless,

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and one parent or both drunkards. There are many large families whose position is worsened by many of these disadvantages, there are few who do not suffer from at least one of them.

Large families are less frequent to-day than they were when I was born, but the difference must not be exaggerated—I have only just completed one-half of man's allotted span. One is apt to under-estimate the frequency of large families, because in them the death-rate is so high that very often only a small number of the children survive, and unless careful inquiries are made as to how many have died, one is likely to mistake them for small families.

The most cursory study of vital statistics illustrates the sheer wastefulness of excessively large families. As the family increases in size from two upwards, the death-rate increases, at first slowly, later by leaps and bounds. Dr. Ploetz,¹ a former President of the German Eugenics Society, gave particulars of the infantile mortality among 26,429 children of 5,236 working-class families in Saxony. In the families which had more than two children the infantile mortality in the first year of life was as follows :—

¹ Quoted by Dr. J. Rutgers, *Eugenics and Birth Control*, Dresden, 1923, p. 23.

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					PER CENT.
Of all first-born children	22·9
„ second	„	20·4
„ third	„	21·2
„ fourth	„	23·2
„ fifth	„	26·3
„ sixth	„	..	..	..	28·9
„ seventh	„	..	..	..	33·1
„ eighth	„	..	..	..	33·2
„ ninth	„	..	..	..	36·1
„ tenth	„	..	..	..	41·3
„ eleventh	„	..	..	..	51·4
„ twelfth	„	..	..	..	59·7

Siegel, the German observer whose carefully selected extracts are so helpful to medical opponents of Birth Control, quotes these figures, which he corroborates with additional observations of his own on the increasing mortality rate as the number of conceptions in a family becomes greater. He says ¹ :—

It is of no practical importance whether this mortality is due to purely biological, or to a combination of social and biological, forces. In any case, it is quite clear that there is a higher mortality among the children of marriages with more than five, six, or seven children.

We find further corroborative evidence in a Danish table published in a book by Dr. J. de Bruin and Dr. C. de Lange.²

¹ Siegel, *op. cit.*, p. 134.

² *De Voeding Van Het Kind in Het Eerste Levensjaar*, Amsterdam, 1905.

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In a working class population the infantile mortality per hundred children was as follows :—

		PER CENT.	
In families with	1 child	..	20·1
	2 children	..	19·1
	3		25·1
	4		23·4
	5		
	6		31·1
	7		
	8		40·3
	9		

In the journal *Sozialharmonie* of October 3, 1905, the following statistics are given :—

		PER CENT.	
Families of	1-4 children	..	22·6 infantile mortality
"	5-8	..	30·2 " "
"		..	49·5 " "

How far this higher mortality is due to attempts at abortion, how far to exhaustion of the mother, and consequent congenital weakness of the offspring, how far to lack of individual care owing to the competition of the other children, and how far to insufficient feeding and inadequate housing, it is impossible to say. Under ideal circumstances it might be possible to lower this excessive mortality in large families, but we are dealing with facts as they are, not as they would be in Utopia, and

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it is impossible to escape the conclusion that excessively large families are wasteful.

I do not advocate the one, two, or three child family as a general rule, though supporters of Birth Control are popularly represented by their opponents as doing so universally. I consider rather that some parents ought to have no children at all, and that others ought to have a number suitable to their physical, mental, and economic circumstances. There are few parents whose conditions are so favourable that they can do well with more than six. Even if the State assumes the financial responsibility of supporting the children of healthy parents, as I think it should and eventually will, six will probably be the largest number that any ordinary woman can bear and rear to advantage.

Our *birth-rate*¹ in this country is already decreasing regularly, though our population is still increasing by more than 200,000 every year. If the present trend continues we shall, within comparatively few years, reach a condition when the population will be stationary, or will perhaps even decrease. We can turn,

¹ Many people seem to be confused by the difference between the *birth-rate* and the number of children born. The *birth-rate* may be decreasing, and yet the actual number of children born each year may for a long time go on increasing.

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therefore, from the menace of quantity to the menace of quality.

What is needed is the application of Birth Control knowledge so that no woman shall be burdened beyond her capacity—physical, mental, and economic. To achieve this end, contraceptive knowledge must be made available to those who labour under the disadvantage of poverty, squalor, or ill-health.

It is frequently stated by opponents of Birth Control that those most in need of family limitation are so careless and thriftless that they would not use any contraceptive method even if they knew about it. It is amazing that a man of the distinction of Sir Arthur Newsholme¹ should hold this view, which is so diametrically opposed to the facts. Any doctor who has worked at a Birth Control Clinic for the poor will unhesitatingly bear testimony to the contrary. The poor mothers who used to come to the Walworth Welfare Centre, and those who come now to the Cromer Welfare Centre²—either spontaneously, or on the recommendation of doctors, friends or social workers—are pathetically eager to safeguard their own welfare and that of their families by the avoidance of

¹ *Medical Views on Birth Control*, p. 159.

² 59, Cromer Street, Gray's Inn Road, London, W.C.

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excessive motherhood ! Their husbands are little less eager.

Let the medical opponents of Birth Control themselves found such a clinic for the study of Contraception, and they will learn much that is now hidden from them. I do not suggest that *none* of the poor are too careless and thriftless to apply the methods taught them—some of them are, of course, but it is not true in general. And I am quite ready to admit that, even of those who come for advice, failures may occur from time to time in a few cases. Nobody disputes that. But even if every one of the patients could be shown to fall pregnant sooner or later owing to some fault in themselves or in the method, that would still not render the teaching valueless. If the instruction only enables the woman to avoid pregnancy for a few years or a few months longer than she otherwise would, and for health or economic reasons she needs to avoid it, useful work has undoubtedly been done. But experience shows that the teaching is really far more successful than this.

The opponents of Birth Control make a curious demand for *perfection* in the matter of contraceptives. They will apparently be satisfied with nothing less than an absolutely fool-

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proof method, which can be used by a person without any intelligence and yet yield 100 % of success. It must not entail a visit to a doctor ; the woman must be able to choose it herself without any special fitting ; it must require no expense, no manipulation, no need for cleanliness, no care or trouble of any sort. It must under no conceivable circumstances be able to cause any harm.

But why this sudden clamour for perfection exclusively in the matter of contraceptives ? We do not demand it concerning spectacles or false teeth. We never hear complaints that spectacles are entirely unsatisfactory, because a person with defective sight cannot go to a shop and pick out for himself a pair which will suit his eyes perfectly. Nobody alleges that spectacles are dangerous because there is a remote possibility that something may break the spectacles and the glass may cut him, or that if he lets the frames get bent so that the glasses are at the wrong angle he may harm his sight. Nobody derides the dentist because he has not invented stock sets of artificial teeth from which the patient may choose a set for himself without any sort of fitting by an expert. Nobody alleges that false teeth are a danger to the community, although we know quite well that

people have occasionally been choked by them, and that some sets have been swallowed and caused death. We do not suggest that false teeth should be avoided, because, if left in the mouth for a month or so at the time without removal, they will become filthy and offensive and give rise to inflammation or ulceration.

But these are precisely the sort of charges that are brought against contraceptives. Even if it could be proved that all methods of Birth Control were more or less harmful either physically or psychologically, we should still have to ask ourselves, *Is the harm caused by contraceptives greater or less than the harm we aim at avoiding by their use?* Careful consideration of this question leads me to the conclusion that the use of almost all the contraceptives known to us is frequently amply justified.

I do not intend to discuss contraceptive methods at length in this article. I have done so elsewhere, and the reader who is interested can follow the gradual evolution of my views by consulting the various articles I have written during the last six years.¹ But I do want to say

¹ (a) *Hygienic Methods of Family Limitation*, London, 1922.

(b) *Contraceptive Technique*, Presidential Address, Contraceptive Section, 5th International Neo-Malthusian and Birth Control Conference, London, 1922.

(c) "Contraceptive Technique: A Consideration of 1,400 Cases," *The Practitioner*, London, July, 1923.

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that there is one method against which no charge of harmfulness can be brought, and which has stood the test of forty-five years' use—the large rubber occlusive pessary with a watch-spring rim invented by Mensinga of Flensburg in the seventies of last century. There are many slight modifications of this, and they are known in this country variously as the Mensinga, Dutch, or Haire pessaries. This is the method recommended by Dr. Aletta Jacobs, the oldest living expert on contraception, who began to use it over forty years ago. I brought it to the notice of the medical profession of this country at the International Birth Control Conference in London in 1922 and it is now in use at most of the Birth Control Clinics, as well as by hundreds of private practitioners scattered throughout England.

It is made in about a dozen different sizes and must, in the first instance, be fitted by a doctor. Even a woman of low intelligence can be taught in a few minutes how to use it. I

- (d) *Technique of Contraception*, 6th International Birth Control Conference, New York, 1925.
- (e) *The Comparative Value of Current Contraceptive Methods* International Congress for Sexual Research, Berlin, 1926.
- (f) *Medical Aspects of Contraception*, The Report of the Medical Committee appointed by the National Council of Public Morals in connection with the investigations of the National Birth-rate Commission, London, 1927, pp. 141-163.

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advise that it should be inserted *every night*, so that it becomes part of the evening toilet. If used only when coitus is expected, it may, in some highly sensitive persons, spoil the spontaneity of the act. If connection does not occur, it is removed the next morning without further precautions. If intercourse does occur, the woman douches next morning with a weak solution of lactic acid (1%) or with plain soap and water, removes the pessary, and then repeats the douche. The pessary is washed with soap and hot water, or with a disinfectant, dried, and put away in a piece of clean cloth. Once it is in position, neither the husband nor the wife is sensible of its presence. It does not interfere in any way with the normal pleasure of intercourse. The woman can go to sleep after connection, as the removal of the pessary and the douche can be left to the next morning.

This method proved very satisfactory, but as a small percentage of failures occurred I began to use a chemical contraceptive in addition—the pessary, before insertion, is smeared on both sides with a non-greasy jelly containing 1%–2% lactic acid. This has decreased the percentage of failures even further.

Any medical practitioner should be able to master the method with ease, and, as I have

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said, hundreds of practitioners in this country are using it with good results. Naturally the more the doctor becomes accustomed to its use the more expert he becomes in choosing the right size.

The pessary is a hemisphere of rubber with a watch-spring in the rim. It is introduced preferably with the convexity towards the womb and the concavity towards the vaginal opening, because in this position it is a little easier to remove. If it is put in upside down, however, it is equally efficacious.

The objection has been raised by Marie Stopes¹ that it stretches the vagina, so that the woman, in time, requires a larger and larger size of pessary. In the course of an experience of many thousand cases *I have never seen this occur, nor have I been able to learn of such a case from any other observer.* Dr. Stopes (who is a doctor of philosophy and science, but not of medicine), also states that it interferes with the proper movements during coitus and the proper muscular reactions in orgasm, but *I have not been able to find any evidence in support of her contention.* Dr. Stopes fears that the metal contained in the ring of the pessary might cause damage. She says² :—

¹ *Contraception*, Marie Stopes, D.Sc., Ph.D., London, 1927, p. 179.

² *Ibid.*, p. 180.

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If by chance they should be used by one of the types of women whose vaginal secretions are injurious to rubber, and she left it in too long—say a week or more—it obviously would be most likely that the thin skin of rubber over the rough wire would be broken, and the raw end of the common wire might well cause lacerations either in the vaginal surfaces or the glans penis of the husband.

Theoretically this is possible, but *I have never seen such a case, Dr. Aletta Jacobs has never seen such a case, and I have not been able to find anybody else who has ever seen such a case.* The danger, therefore, would appear to be very remote.

This combined method of occlusive pessary plus contraceptive jelly plus douche has proved very reliable, and is suitable for all normal women, except in the presence of an intact hymen. Its efficacy is not impaired by the presence of an asymmetrical or scarred cervix, as are the cervical caps, and it is much easier for the patient herself to use.

But in the presence of retro-displacements of the uterus it is somewhat less easy to insert ; and, if the perineum has been badly torn at child-birth and left unrepaired, it may be quite unsuitable. In such cases a rubber sponge smeared with the lactic acid jelly is usually the best alternative.

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Certain opponents of Contraception have raised the objection that all vaginal pessaries require "a manipulation of her own genital organs which must be repugnant to every nice-minded woman." Why a nice-minded woman should object to touching her genitals I cannot imagine. But I have never heard anybody assert that the cleansing of the glans penis, or the use of a condom, involved a manipulation of his genital organs which must be repugnant to every nice-minded man.

Those who draw their conclusions from wide experience, and not from fanciful theories evolved in the study or the cloister, are aware that contraceptives are available which are easy, harmless, and almost perfectly certain. For the minority of cases, for which such contraceptives are unsuitable, there remains the alternative of *voluntary* sterilization. This can be achieved by tying and cutting the sperm-ducts in the man, or the Fallopian tubes in the woman. The operation is easy, safe, and harmless. If done with the consent of the patient, and providing the patient is legally capable of giving consent,¹ sterilization is legal in England. But since the operation is irrevocable, it should not be carried

¹ Insane persons and mental defectives are not capable of giving such consent.

out without adequate reason. No surgeon of repute would perform it, for instance, in healthy young men or women who might ask for it simply because they wanted to be free to indulge in sexual intercourse without the fear of pregnancy resulting. The younger the patient the more carefully should the surgeon consider before he decides that the indications for the operation are adequate.

Compulsory sterilization of the racially unfit is not legal in England, though it is permitted, or even prescribed, by law in certain other countries. In my opinion, it is a measure desirable in the interest of racial health, and I have little doubt that its adoption in this country is only a matter of time.

* * * * *

I might sum up my views on Birth Control by quoting a passage which I have written elsewhere¹ :—

In many cases of maternal ill-health the mother's illness is aggravated by maternity, and either permanent or temporary avoidance of parenthood may be called for in the mother's own interest.

If either of the parents is unhealthy, it may be necessary in the interest of the unborn child to prescribe avoidance of parenthood, either for a time or for ever. No crime is

¹ *Hymen*, pp. 78–85.

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greater than that of bringing a child into the world handicapped from its birth by the inheritance of actual disease, deficient resistance to disease, or deficient life-energy.

Prohibition of parenthood is often necessary in the interest of Society. Physically or mentally deficient children are of no use to Society—they are indeed a burden upon it, both in times of peace and in times of war. They are often not only unproductive—they actually handicap the progress of useful citizens by competing with them in the struggle for existence ; and, indeed, with our modern extreme humanitarianism, we often pamper the weed to the detriment of the useful plant.

Even with healthy parents, the limitation of offspring will always be necessary, for many reasons :—

1. To prevent debility in the mother due to too frequent child-bearing. The period of pregnancy and suckling should last eighteen months, and most mothers need nine months' rest before they begin again the strain of another reproductive cycle. The optimum interval between births¹ is from two to three years.
2. If the mother is debilitated by too frequent pregnancies, the unborn child is enfeebled by its mother's debility—it is robbed of its birthright before it comes into the world.
3. The first two years of a child's life are critical years, and during this time it needs its mother's undivided attention. If babies are born at too frequent intervals, the attention of the mother must be divided between her babies and both may suffer.
4. At present the number of children in a family should be limited in accordance with the economic re-

¹ In the absence of ill-health, poverty, or other unfavourable circumstances.

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sources of the family, but when Society assumes the support of mothers and children this reason for Contraception will disappear.

Contraceptive knowledge may be, and undoubtedly often is, used for selfish ends. Many persons avoid parenthood simply because they want to have "a good time." The best way to overcome this tendency is to educate people better in their duty to Society, and to establish a public opinion which will regard the production of *desirable* children as a social service of primary importance. But there is no hope of establishing such a public opinion unless or until it is made quite clear that the procreation of *defective* children is a grave offence against Society.

Birth Control is *not* a panacea for all evils ; but in my opinion no plan, without it, can hope to ameliorate the present miserable condition of a large proportion of humanity, or to achieve the increase of individual and racial health and happiness, towards which all but those of the meanest, or most perverted, intelligence must aim.

II

SIR JAMES BARR

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II

SIR JAMES BARR

IN writing a chapter for Dr. Norman Haire's book on Birth Control, I wish to approach the subject from the utilitarian aspect. The continuance of the race depends primarily on sexual intercourse, but how is that intercourse to be regulated so as to produce the best results? Sexual desire is so deeply rooted in ordinary human beings that its gratification is certain to continue irrespective of its consequences. In the human race the undesired consequences have led to Birth Control in one form or another, chiefly in the form of infanticide, from time immemorial. The Romans got rid of undesirable children by throwing them from the Tarpeian Rock into the Tiber. Other barbarians adopted less humane methods. Even in the present day, in civilized countries, abortion and infanticide are far too common. If in any country, and under any circumstances, it is desirable to limit the number of births, surely

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the best method is to prevent conception rather than destroy the embryo. It is only during the last seventy years that we have got rid of the barbarities of former ages, and adopted more or less scientific methods in the prevention of conception. There are numerous ways of doing so, but I must say that the most cold, calculating, and immoral method of all is that advocated by the Church—intercourse during the safe period, which is not always safe. This is a method for gratifying the desire of the male at the expense of the female. In former days the clergy and medical men used to have large families. Nowadays, even the most hypocritical of both professions have small families, and it would be futile for them to claim that their wives are not as potentially fertile as other women. I wonder how many of these hypocrites depend on the safe period. Of course, there are many old women of both sexes devoid of sexual passion, but they must not be allowed to establish a conventional morality for normal individuals. A plea put forward by the asexuals is that young girls would become very immoral if they knew the use of contraceptives. No one dare assert that young unmarried medical women are more immoral than their more ignorant sisters. It is a great mistake to confound innocence with

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ignorance. A knowledge of the subject takes away the glamour and mystery purveyed in the filthy pabulum of numerous novels; the emotional excitement thus engendered is very apt to corrupt the innocent and ignorant, but not those who have a knowledge of the physiology of sex.

Women as a rule are sexually moral, and, like the pigeon and turtle dove, tend to be monogamous; whereas men are more like the barn-door fowl, indiscriminate in their attentions. When a woman's passion gets the better of her moral sense, and she yields to the tempter, it is surely much better that a contraceptive should be used than that she should bring an unwanted illegitimate child into this austere world. The illegitimate child has always a hard struggle for existence, and the death-rate is double that of the legitimate. The mother becomes an outcast, and our hypocritical Puritans, regardless of the teaching of Christ, are ever ready to cast a stone at her.

By no means do I wish to encourage indiscriminate intercourse; on the contrary, I have always encouraged young people to marry early, to lead pure loving lives, and to limit the number of their family according to circumstances. The production of children should not be a haphazard affair as is the customary

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occurrence, but a deliberate act, when the parents are in good health and desire a child. We want children of choice, and not of chance. No one has any moral right to bring a delicate child into the world to be a curse to itself and its parents. A large number of infants appear in this world with no other ostensible object than to provide work for doctors and undertakers. Anyone dying under twenty years is an economic failure, who has cost the state a large sum of money which he has had no opportunity of repaying.

The Fifth Commandment requires some serious modification in the present day—"Honour thy father and thy mother, that thy days may be long upon the land," etc. As Arthur Thomson truly said, children die of their parents, so there is often not much honour due, and a syphilitic parent merits a curse rather than a blessing. I should think it would be better to instruct parents to honour their children with good health and an intellectual capacity to enjoy long life, and thus be an honour to those who gave them birth. The Roman matron who was mother of the Gracchi holds a high position in history.

The desire for progeny is so strongly implanted in the female that there is no danger of

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the race dying out. Apart from the end result of sexual intercourse, sexual desire and sexual gratification are as natural to the normal individual as the desire for food ; but it is not of such paramount importance to impart life as it is to maintain it. Moreover, sexual passion can be checked, and one's energy be better expended on physical exercise. The weaklings indulge most readily and add to the population another generation more degenerate than themselves.

No evidence has ever been produced that the proper use of contraceptives has proved injurious to the woman ; on the contrary, the lives of many women, who otherwise would have died in child-birth, have been preserved. To any sane and sympathetic husband, the life of his wife is of much more importance than that of any embryo. The woman, who has got to bear the brunt and take all the risks of child-birth, should have perfect control of her own body, and be able to say when and under what conditions she will add to the population.

The potential child-bearing period of a woman's life is about twenty-five years, so even a French Canadian woman cannot, as a rule, produce more than about two dozen children. On the other hand, a healthy man, given opportunities, might become the father of a thousand.

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However, it is highly probable that the career of any man who attempted such indiscriminate procreation would soon be brought to an end. It is only in a socialistic community that the stud-farm principle could be allowed to exist even in a modified form.

I am not going to deal with the proper use and best kind of contraceptives, that must be left to those better qualified to speak; but I should like to point out that owing to ignorance of their use an innumerable number of married women spend at least half of each month in a state of miserable apprehension, for fear they have been "caught." This ignorance and dread of child-birth makes many women refuse marital relations to their husbands, and thus give rise to unhappy married life.

But I am getting away from my text. The use of contraceptives is one method for a selective birth-rate, but is it the best? It places certain moral restrictions on the individual, but it does not necessarily forbid parenthood to anyone. There are an enormous number of people who in any well-regulated Eugenic Society would not be allowed to become parents. At the very outset we are met with many difficulties. Although we have attained great knowledge in the breeding of the

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lower creatures, we do not know all the factors best suited to elevate and perpetuate the human race.

Society is very composite, and it is necessary that it should be so ; in Nature there is no dead level of uniformity.

Order is Heaven's first law, and that confest,
Some are and must be greater than the rest.

There have always been exceptionally able individuals, and it is hoped that there always will be men and women who tower intellectually above their fellows. We want to raise as many of these intellectual giants as possible, and this can only be done by proper mating. The environment may improve the individual, but it cannot improve the race. We want a pure, healthy germ-plasm.

We wish to know how to raise and perpetuate a healthy, vigorous, intellectual, and powerful race. Greece had such a race until, as Sir Ronald Ross would say, the mosquito, with its malarial plasmodium, made its appearance. The present Greeks are poor shadows of the former inhabitants, so the germ-plasm has not been well preserved.

The Society of Perfectionists in Oneida, U.S.A., during the past hundred years has

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maintained a healthy enterprising colony without any parsons, lawyers, or doctors, but no special genius has been raised. They seem to have solved the problem of Birth Control by allotting the young women to the old men and the old women to the young men. However, as there is no marriage ceremony, and no divorce laws, I have no doubt the young women make their own selection of the fathers of their families. An analogous state at one time existed in England, when the squire of the parish was frequently also the sire ; in these cases we got a selective birth-rate and the progeny were supported by cuckolds. A lady with very advanced views said to me some time ago that we would never get a fine race until the women had perfect liberty to select the fathers of their families, but I pointed out to her that they had perfect liberty now to select their own husbands, and they frequently made a great mess in their selection. In fact, I think that the majority of young women are far too emotional and too ignorant on sexual questions, or so-called matters of love, to be capable of making a wise selection of husbands and fathers of their families. In the long run their love affairs would pan out better if they were more frequently guided by their parents.

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On the whole, I think, men make fewer mistakes.

Many hold that the decadence of Rome was due to the Roman matrons practising whatever form of Birth Control they then knew, but this is merely a conjecture. In my opinion it was due to the debauchery which prevailed in all classes. Such men and women were quite unfit to raise a virile race capable of withstanding the barbarian hordes from the austere north. At the present day Italy is not adopting any restrictive measures on the growth of her population. We are told that all progressive nations must have a large population, and the present leader looks forward with joyful anticipation to the time when Italy will be able to put five million armed and well-trained men in the field, and when she will have a fleet of aeroplanes that will cast a shadow over the land. Then, he holds, Italy will take her place in the Comity of Nations and be able to extend her boundaries, none daring to say her nay. What about the less powerful nations which also think that they have a moral right to exist? What about the inept League of Nations? Of course, the nation which produces the finest intellectual, moral, and physical race should succeed, but this is a question of quality rather than quantity.

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Mere numbers cannot prevail. Look at China and India, which with their huge populations can scarcely be looked upon as formidable fighting nations. The miserable French Canadians, with their large families of one dozen to two dozen, were only able to put a handful of men in the field to aid their French compatriots in the Great War ; even the Italians required an English Army Corps to put a little backbone into them when they were only fighting the Austrians.

The over-population of Germany was the cause of the Great War. Her leaders wanted to enlarge her boundaries, and overrun the world with what they considered they possessed—a superior race. Where Germany failed it is not likely that Italy will attain success. It is very agreeable to think that in future mere cannon fodder will not succeed.

In contrast to Germany, the nations with small families brought the war to a happy issue. Those who were most successful in keeping within the lines of communication, far away from the front line, were too frequently members of large families—many of whom could have been well spared, though they were proud to be called “Indispensables.” While our brave men at the front were sacrificing life and

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limb for a miserable pittance, our profiteers, shirkers, and strikers were reaping a rich harvest. The enormous numbers of cases of heart disease, *funkitis*, etc., made rapid and marvellous recoveries on the cessation of the war. Intelligence and enterprise will win the next war, and the airmen will wipe out the stay-at-home "Indispensables," who are of no racial value.

I have no objection to large, healthy families, if the parents are able to take care of them and support them ; but Birth Control is essential for the masses, if the poor are not always to be kept in poverty in order to provide cheap labour so that we may raise a crop of millionaires. There is plenty of virility in the working classes, as much as in any other grade of society ; and if they were not kept in gross ignorance of sexual matters and economic laws, they would show a greater spirit of independence, recognize that they have no moral right to live on charity, would raise themselves and their families in the social scale by putting no limit to the output except the human output.

Celibate clergy should not be allowed to lay down a code of sexual morality for normal, healthy individuals. No more should the mortification of the flesh and the insanitary lives led by many of the canonized saints of former

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ages be set forth as examples for the twentieth century.

I have very little faith in legislation for the accomplishment of any great object. Our politicians are not statesmen—the statesman desires to lead, the politician is content to drift. The Church has been preaching a conventional morality for nearly two thousand years, and what has been the result ? Look at the degradation, poverty, crime, disease—especially syphilis—of the masses. We must teach a higher and nobler moral law than that of the Churches. We must teach the masses to know and feel with John Stuart Mill that happiness is the fundamental basis of morality.

We must teach economic laws and eugenics as the basis of Birth Control. Then, perhaps, our populace will do unto others as we would that they should do unto us, and everyone will love his neighbour as himself, and not his neighbour's wife.

III

ALECK W. BOURNE

F.R.C.S.

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III

ALECK W. BOURNE

THOSE who are engaged in general medical practice and the special branch of gynæcology and obstetrics are brought into a confidential relationship with their patients which enables them, more than any other observers, social and economic, to form a just and balanced opinion on the subject of Birth Control, a subject of urgent importance to a large number of women of the present day. A doctor, both by his skilled observation and that other knowledge derived from a sympathetic understanding of humanity, is surely better fitted to express an authoritative opinion on Birth Control than anyone who cannot combine in himself this double knowledge of each individual patient, and therefore it is not surprising to find that a great number of medical men and women are convinced that Birth Control is a form of treatment for definite indications, to be taught and practised with the

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same care as any other form of restrictive treatment.

Further, because a doctor is in sharp contact with the hard realities of other people's existence, he is more likely to hold his opinion on this subject as a realist free from religious prejudices and theoretical objections, which, with imaginary or exaggerated threats of danger, are regimented forth to obscure the true issue. Calm consideration of the facts will leave, not doubt of the righteousness of contraception, but only the question of its proper indications. The alleged dangers of contraception vanish into insignificance (always excepting certain obviously harmful methods which no doctor would allow) when contrasted with the infinitely greater dangers to mental and physical health caused by undesirable child-bearing. Granted that it is choice of two evils, but what an easy choice when the extent of the evils is calmly considered and contrasted! The average medical man is impatient of the allegation of so-called dangers of contraception which are trumped up by certain ignorant or biased opponents of the movement, because he knows that they are largely imaginary and are nothing to the boon conferred on the woman already physically or mentally over-burdened

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by excessive child-bearing. It is also in the definition of "excessive child-bearing" and the indications for the use of contraceptive methods where there will be disagreement and controversy. Most will agree that there are some diseases in which child-bearing is so fraught with danger that it should be prevented at all costs, but when we touch on conditions, which, without being actually dangerous, will be definitely prejudiced by pregnancy and labour, we are on the debatable ground. It is feared that the admission of the less definite diseases and conditions will be difficult to determine, and will allow so wide an inclusion that almost any form of temporary ill-health will be advanced as a reason for the permanent practice of contraception ; but while giving full consideration to the legitimate reasons for teaching Birth Control, it is well to remember that many women are unnecessarily condemned to a life of contraception because of some physical defect, usually something that once was responsible for a former difficult labour, which is regarded as a source of great danger in the event of another pregnancy or labour. Such are the resources of obstetric surgery that it is seldom necessary to tell a woman that she " must never have another baby," because, for

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example, she has a contracted pelvis or other mechanical deformity. Many of these unfortunate women suffer great and continued distress under this interdict, which exerts a malign influence on their nervous system. It is as serious to forbid pregnancy without sufficient reason as to fail to teach contraception where it is obviously necessary. But while there are few who are still doubtful that Birth Control has a place in modern life, there are many whose ideas on the subject are amorphous or confused, and it seems desirable to attempt to sort out and discuss in a calm and unbiased manner the indications for, and the methods of, contraception.

It will be convenient to consider the subject under the following headings :—

1. Conditions which are rendered dangerous by the complication of pregnancy and labour and for which contraception is permanently necessary.
2. Conditions for which contraception is temporarily or permanently advisable because of the additional ill-health caused by child-bearing.

Under the first group there will be little or no disagreement among medical men. It includes all cases of *chronic kidney disease* which

cause any symptoms in the non-pregnant condition. Child-bearing is particularly dangerous, for pregnancy imposes considerable strain upon the already damaged kidney, and each pregnancy will leave the kidney less efficient than it found it.

Certain forms of *heart disease*, especially those in which the muscle is chiefly affected, without adequate compensation. All symptoms definitely due to a damaged heart will be exaggerated during pregnancy and labour, and if the heart's reserve force is insufficient for the calls of ordinary life, pregnancy and labour are likely to prove hazardous. It should be remembered, however, that the great majority of heart patients stand child-bearing easily, and the mere fact of a cardiac lesion by no means contra-indicates pregnancy. Nearly all cases of simple well-compensated valvular disease do perfectly well, though even here the writer's experience is that after five or six children the heart suffers to some extent during subsequent pregnancies, especially if rapidly repeated. *Phthisis* in relation to child-bearing has been a cause of dispute for many years, and even now the subject is not disposed of. In some patients there is a certain improvement in health during pregnancy, but this is often lost during the

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puerperium, when the disease makes definite progress. For the other patients, particularly those who have an acute phthisis, with laryngitis, pregnancy and abortion or labour are dangerous complications.

We have no hesitation in saying that a woman with active tuberculous lesions of the lungs should rigorously practice contraception. All experienced obstetricians (though not all physicians) are convinced that the effects of abortion on active pulmonary tubercle are as serious as those of full term labour, and therefore that abortion affords no mitigation of the disease. Prevention of conception is the only safe advice.

There are certain uncommon diseases, such as diabetes and the true anæmias, in which pregnancy may be dangerous. Fortunately, fertility is low and pregnancy is unlikely, but care should be taken to prevent it.

A previous operation of Cæsarian section does not render either normal child-bearing or a subsequent Cæsarian operation dangerous, if the former operation was properly and skillfully done, and if it was followed by a period of normal convalescence uncomplicated by fever. Pregnancy or labour become real dangers, however, after a Cæsarian operation which was followed by an infected and febrile convalescence.

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The infection usually means an imperfectly healed uterine wound, with consequent weakness of the scar. The recent examination of Cæsarian sections done between 1911 and 1920 shows that an almost constant antecedent to succeeding rupture of the uterus in pregnancy and labour was infection following the operation, and in the Report on this inquiry it is recommended that further pregnancy is inadvisable if the puerperium following the operation was febrile on account of uterine infection.

Most people will agree that *insanity*, either permanent or occurrent, should be an indication for contraception. Not only is the child liable to the hereditary taint, but pregnancy, and especially the puerperium, are times when a tendency to insanity is liable to show itself by an attack of mania or melancholia. While it is true that about 75 per cent. of cases of reproductive insanity recover, yet in many cases a life-long insanity may date from a confinement.

In the second category may be described the following: Unhealed *gonorrhœa* and *syphilis* are obvious temporary indications for contraception. A cure of both these diseases is usually possible with modern treatment, but, while active, conception should be discouraged. In the one case there is a puerperal danger to

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the mother and a threat of eye infection to the child, while in the other there is a serious risk of abortion, and what is worse, the birth of a live but infected child.

A history of repeated sluggish labours complicated by dangerous post-partum hæmorrhage on each occasion is sufficient justification for a subsequent practice of contraception if the woman is anxious to avoid another risk. It is seldom that difficult labour should be brought forward as a reason for contraception, because nearly all, if not all, mechanical difficulties of labour can be prevented by ante-natal care and treatment, and the difficulty or disaster of the previous confinement can thus be avoided in future child-bearing. But the persistently sluggish uterus we cannot influence, and it constitutes a source of real danger. Labour may often be slow on the first occasion, but if there is a dangerous sluggishness with post-partum hæmorrhage repeated at two or three later confinements, the woman is well advised not to have further children.

Conditions which may cause obstruction in labour can usually be treated before the next confinement or labour, as, for example, fibroids, which can be enucleated, even in pregnancy, with safety ; or contracted pelvis, which can be

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treated by Induction of Labour or Cæsarian Section. But it is true that if a woman has passed through the terrible ordeal of an obstructed labour, she has the undoubted right to decline to face it again or even its treatment, and she is a fit and proper individual for instruction in the methods of contraception. We shall refer to this point again later.

The effect of rapidly repeated pregnancies may be serious. Normally there is an average of two years between the births of children, but some women appear to conceive very easily and bear a child regularly each year. While some are strong enough to endure this physiological stress without ill effects, yet most women of the modern urban classes suffer loss of vitality and mental vigour after a continuous series of pregnancy, labour, and lactation for three years. This is particularly well marked in the poorer classes, who may have to work, and certainly have the sole care of the babies during most of this period. From all points of view it is desirable to give these women a rest from further child-bearing. Not only is the woman's life reduced to one long hard period of impaired health and strength, but the children she already has suffer from neglect of her care and attention, while home life is liable to be em-

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bittered and the early promise of family happiness ruined. There will be few, none who face facts and realities, who will refuse the help—nay, treatment—which should be extended to this hard-pressed mother. A woman has the elementary right to demand that her own health, life, and happiness shall not be sacrificed to an abnormal fertility.

It is unwise for a woman to conceive during a period of any form of weakness or ill-health. In modern life there are many indefinable conditions of nervous weakness, often called neurasthenia, which are usually temporary and amenable to treatment, but which are definitely made worse by child-bearing. These patients are usually thin and tired, eating and sleeping badly, and prone to attacks of unreasoning depression and irritability. On examination the most striking signs are atonic and flabby muscles and increased tendon jerks. The tongue is pale and flabby, there is stomach splashing and colon distension. Fortunately, these women are often temporarily sterile ; but, should they conceive, their troubles are greatly exaggerated. The addition of usually severe pregnancy, vomiting, increasing lassitude, and sense of hopelessness and depression, renders the woman a truly pitiable object.

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Nor is this the end. The physical stress of labour follows on nine weary months of pregnancy, leaving her in a still more weakened and debilitated state, out of which it is very difficult to raise her. For such a woman life is an intolerable burden, and though it may not be possible to designate her trouble by the name of any serious or fatal disease, yet it is important and necessary to supplement her treatment by the prophylaxis of contraception.

The aggregate physical burdens of human life, especially woman's life, are not made up by the weight of serious and named diseases, but by the load of indefinable ill-health, characterized by lack of vigour, constant fatigue, and depression of spirits, which is often the result of rapidly repeated child-bearing.

Some women can healthfully bear many children, others a few. The nervous system of one woman can endure more stress than that of another, while fertility may be at the same high degree in both. It is well for us not to be blind to these everyday facts, but to recognize that it is sometimes necessary to protect the nervous and physical strength of a woman against the stress of her own abnormal fertility.

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METHODS OF CONTRACEPTION.

When considering the methods of Birth Control, its opponents commonly spend much time in elaborating their disadvantages, unreliability, and even dangers to both partners. Granted that any method must have some disadvantages and cannot be entirely reliable, it is a fact that contraception may be a lesser evil than uncontrolled pregnancies.

It is surely futile to spend time in enlarging upon, and even manufacturing, the dangers of methods of contraception, while all are agreed that there are a number of conditions such as those we have just considered which must be so treated. The answer is simply that, while for many conditions pregnancy ought to be prevented, the present methods are the best we have.

With an equal weakness of reasoning it might be advanced that the method of Cæsarian Section is an unnatural form of delivery and therefore is wrong, but will anyone deny that, when properly indicated, the disasters it can prevent are infinitely greater than the small risk involved by the operation. No thinking individual will advocate contraception for any or all women who apply for advice without

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proper reasons. It should be regarded as a treatment, and not as a policy.

1. The simplest method is that of limiting coitus to the few days immediately preceding the onset of the menstrual period. Its occasional efficacy depends upon the fact that ovulation (i.e. shedding of the ovum from the surface of the ovary) usually takes place about the fourteenth day of the monthly cycle, which is about ten days after the cessation of menstruation. Insemination before this date is liable to fertilize the ovum produced shortly after the act, but if the ovum has already been discharged from the ovary and passed away, coitus afterwards may not succeed in fertilization. Apart from the fact that many married people find it an irksome restraint to limit coitus to one particular period of the month, and this at a time of minimum desire of the woman, there is no fixed certainty of the time of ovulation in any one individual, and further it is probable that some women ovulate much later in the month than others. It is clear, therefore, that this method is irksome and quite unreliable, and even if steadily applied can do no more than slightly reduce the likelihood of conception.

2. A second form of limited coitus is commonly known as "coitus interruptus." It con-

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sists in withdrawal by the male before the actual emission. Nearly all writers who have discussed this question are agreed that it is bad for both parties, and also unreliable. It is bad because it involves an artificial break in the course of a normal physiological act, by which both parties, particularly the woman, are deprived of a natural sequence of reactions. This is certain to lead to a train of nervous symptoms in addition to a persistent state of unrelieved pelvic congestion, which, in its turn, produces chronic pelvic discomforts, menstrual excess, and pain.

The method is unreliable because it is actually very difficult for the male partner to time the act with sufficient precision to withdraw before the first emission, over which he may have little control. While this method may succeed for a time, it is certain ultimately to break down.

3. The use of a vaginal douche immediately after coitus is harmless to either party, but is unfortunately both unreliable and inconvenient. It is probable that seminal fluid is aspirated into the cervical canal during the female orgasm, from where, of course, no amount of vaginal douching can dislodge it. Moreover, the inconvenience attending the use of the douche

even at home is almost sufficient to render it unacceptable to the majority of women.

4. A sheath used by the male should theoretically be entirely reliable, but the perishable condition of thin rubber kept for any length of time goes far to render the sheath one of the least reliable of all methods. It suffers also from the serious disadvantage of interfering with the sensitive tactile nerve-endings of the male glans, by which the normal and natural sensations are largely sacrificed.

5. The chemical methods—chiefly the use of quinine in a pessary—depend for their contraceptive action on the direct killing of the spermatozoa by the drug while lying in the vagina.

Much has been written about the danger of the absorption of quinine through the vaginal wall. It is true that the vagina is able to absorb drugs ; for an example of this is the mercury poisoning which is liable to follow the use of a mercurial douche which is not immediately washed away by an injection of water. Quinine can also be absorbed by the vagina, but with the small amounts which are used, some two or three grains, it is doubtful whether the occasional absorption of a fraction of this dose can do any appreciable harm. The in-

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sertion of a quinine pessary before coitus is simple and easy, but unfortunately it is unreliable owing to the spermatozoa escaping contact with the drug, and the probability that seminal fluid is aspirated at once into the cervical canal, out of reach of the quinine.

6. There is no doubt whatever that all forms of intra-uterine stem pessaries are dangerous. They excite a constant irritation of the mucous membrane of the uterine cavity, while infection of the uterus and even of the Fallopian tubes is almost unavoidable. It is contended, probably rightly, that the intra-uterine gold stem actually favours conception, but performs its function of "Birth Control" by causing abortion immediately after fertilization. It is unnecessary to point out how injurious this must be, not only to the uterus, but also to the woman's general health.

7. Occlusive vaginal pessaries are probably the safest and most reliable of all forms of apparatus. This description, however, does not apply to the inverted caps fitting over the cervix. These are difficult to apply, and are liable to hold back cervical secretions, so that the cervix remains bathed in a stagnant pool of mucus which will favour infection.

The dome-shaped vaginal pessary of rubber

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with a covered metal rim maintains contact with the vaginal wall, by which upward passage of semen is prevented. Further, it is easy to apply, does not interfere with the normal feelings and progress of coitus, and, after statistical inquiry, appears to attain a very high rate of reliability.

This brief consideration of the methods of contraception make it perfectly clear that there is no hundred per cent. reliability to be obtained from any of them, while some are irksome to apply, and others are definitely harmful to one or both parties.

The use of the vaginal pessary is, however, almost as reliable as any artificial contrivance could be, and certainly is entirely harmless to the woman from any gynæcological point of view, and is without effect on the male. And here, perhaps, we have a method as near to the ideal as can be devised, inasmuch as it combines the maximum reliability with the minimum physiological interference with the sexual act.

GENERAL CONSIDERATIONS.

The controversy which has begun to rage round Birth Control has been clouded by so much emotion, heat, and prejudice, that it is difficult to obtain a clear view of the subject.

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It is necessary first to consider whether contraception is permissible for any reasons in any circumstances. There may be some bigots who will deny this, but the vast majority of all people will admit that on medical grounds alone, if for no others, the principle is sometimes not only permissible, but urgently necessary. The dispute rather centres around what are proper medical indications. Again, many of these as detailed above cannot be denied, but there will be disagreement when discussion considers those conditions which do not cause actual danger when complicated by child-bearing.

The opponents of Birth Control frequently argue from the standpoint that its protagonists are anxious to limit the population, and that this is the aim of their propaganda. Statements that we have too many people are borrowed from politicians and others and put into the mouths of the advocates of Birth Control. We care little, or nothing, about the size or growth of the population, that is the province of the economist and statesman, and its problems can only properly be solved by emigration and other forms of statecraft.

The advocate of Birth Control, unlike all his predecessors in the consideration of the prob-

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lems of birth and procreation, looks at the subject from the angle of the individual woman, and not from that of the State. Whether or not he thinks the population is too great is beside the point, for he knows that by no amount of propaganda can the population be seriously affected. He is interested in the fate and health of the individual woman, and consequently in the more efficient training of such children as she has.

A desire to limit the population is as old as civilization, and was much more practised among primitive peoples than in the Western civilization of to-day. Among these tribes, as well as in classical times, infanticide and abortion were practised on a large scale, and it is a tribute to Western civilization that it has entirely abolished at least the first of these crimes. But a fundamental difference between former days and the present day is that there was a definite desire to keep down the population, especially the female population, for it was largely female babies which were sacrificed to tribal superstitions and "economics." "Birth Control" by these methods was indeed a barbarous practice.

The medical advocate of Birth Control, or more properly contraception, aims only at

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preventing conception by one who will suffer in physical or mental health by the bearing of further children. He is uninterested in theories of population, but he is interested in seeing healthier mothers, tired and feeble women saved the burden of repeated child-bearing beyond their physical and mental strength. Certain recent medical writers, strongly opposed to the teaching of the principles of Birth Control, tilt at windmills by spending their indignation on what they regard as the reprehensible practice of teaching contraception to newly married young couples who "don't want a baby yet" because of domestic or financial inconvenience; but here the wise and informed doctor with long vision and sense of proportion will rightly refuse to help such people to evade the normal responsibilities following marriage.

Let us conclude by saying again that Birth Control is a form of treatment, which should be taught and advised only by medical men for medical conditions. By a wise instruction of its practice not only may a few women's lives be saved from actual and imminent dangers of child-birth, but many women's lives will be saved from the intolerable burden and hopeless despair entailed by the bearing of too many children in a state of physical weakness and ill-health.

IV

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IV

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IT is assumed with reason that a medical training and a wide experience of medical practice lead to the development of a specific point of view concerning the value of policies in relation to the State, and of practices in relation to the individual. Concerning any matter which directly or indirectly affects the health of the individual and of the race there are aspects which certainly fall into the field of medicine. But it is seldom that a problem can be solved solely through the application of purely medical knowledge concerning the maintenance, or the restoration, of the normal physiological functioning of the individual. The medical practitioner does not grant that ethical considerations are the peculiar monopoly of the theologian and of the philosopher, or hold that medical knowledge is the monopoly of his own profession. The doctor claims the right to discuss the economic, as well as the

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medical, aspects of any problem. It follows, then, that in any pronouncement by a medical man or woman concerning such a matter as the conscious and deliberate regulation of human fertility, not only are the effects, immediate and remote, of such control upon the physical, physiological, and mental welfare of the individual discussed, but its effects upon personal and public morality and upon population growth are also considered. When such pronouncements are made by men and women who deservedly have achieved considerable eminence in medicine, their point of view must carry great weight with the general public, which is apt to forget that while these are fully competent to extract reliable conclusions from their abundant clinical experience and to speak with authority upon the medical aspects of Birth Control, they cannot claim similar authority when dealing with the non-medical, for their statements concerning the latter are no more authoritative than those of any other man with an equivalent though dissimilar education. There is no *medical* view on Birth Control; the governing body of the profession has not issued a pronouncement concerning the purely medical aspects of the subject. There are many *statements of opinion concerning Birth Control* by

men and women experienced in medicine who, being conscious of the grave responsibility with which their calling endows them, do not shirk the task of guiding public opinion. But these are the views of Dr. A and of Dr. B, responsible citizens who, among their other claims to leadership, possess a specialist knowledge. But one may be scientifically or legalistically minded ; one may be self-sufficient or else refuse to be psychically alone in this world and demand cosmic support ; one is bound by this or by that social or sentimental heelrope ; one is never free from the bonds of temperament (for education of any kind cannot free one from oneself), and so, in any participation in debate concerning such a vexed question as Birth Control, one exhibits a bias. It is necessary to reveal oneself, in order that those who are to be advised shall be able to evaluate one's attitude.

I am given this opportunity of exhibiting myself and my point of view concerning this subject of controlled fertility. I do so, being fully conscious of the lack of finality about many of my views and of my own unwillingness to wish to lead anyone anywhere. At the very beginning I wish to state that I am of the opinion that the practice of the conscious and deliberate regulation of fertility, already very

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prevalent, will continue to increase, and that extra- and pre-marital sexual congress, already common, will become more so, whatever may be said and done by State or Church. Opponents of these practices are fighting a hopeless rearguard action as they retreat into the fastnesses of oblivion. Since this is my opinion, it follows that I am impressed by the urgent need for improvements in the methods of contraception and for a modification of the attitude of society towards this practice. There is the most urgent need for research in the field of human sex-physiology in order that knowledge may be made available for incorporation into policies and practices concerning this subject of individual and racial fertility. Without such knowledge, Birth Control must continue to be the battlefield of sincere and zealous partisans whose devotion to their respective causes obscures their accuracy in observation and logic. The subject must be removed from the lecture platform and the window of the seller of pornographic literature, and transferred to the consulting-rooms of medical practitioners and to the sanctum of the mother of the family. This will happen when accurate knowledge concerning sex-physiology has replaced fierce enthusiasm. It must not be forgotten, how-

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ever, that the demand for knowledge was aroused by the appeals of the primarily temperamental, and to these agitators we are greatly indebted. Anarchy, martyrdom, sentimentalism—not rationalism—mould public opinion and create the demand for new laws.

It remains for me to state why I am not averse to the further democratization of a knowledge concerning Birth Control, and to legislation making contraception simple.

I am not a militarist. I do not hold the view that the real worthiness of a people is to be estimated from its powers of offence and of defence. I think that war is no longer waged for the bread of life, but for the jam. I do not agree that war is inevitable, and I think that it is a silly method of debate. I do not think, therefore, that reproductive prolificacy, as a preparation for war, is desirable.

I am not a nationalist. Science is unifying the peoples ; theologies and nationalisms disrupt the world. I am not enthused by the ambition of a State to become, or to remain, a first-class power through the exercise of a reproductive prolificacy. I am not saddened by the thought of Britain dwindling, in the matter of population size, or industrial activity to the proportion of an insignificant island

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Therefore I do not think that uncontrolled fertility is desirable on national grounds. I am impressed by the observation that the most cultured countries, and the most cultured people therein, are those with the lowest birth-rate. I hold that the size of a population should bear a relation to the economic optimum of their country twenty years ahead, and that only if a State is able to assume that, through scientific developments, two blades will soon grow where now there is but one, and that human wisdom will ensure their equitable distribution, is it justified in allowing individual and racial fertility to remain unconsidered.

I am not an imperialist. I do not think that it is necessarily far better for the Dominions and Colonies to be filled with the surplus population of Great Britain rather than with such stocks as Norwegians, Swedes, Danes, or Germans, for example. Therefore I do not think that the production of a surplus population for the purpose of colonization is desirable. I do not rank the racial and cultural status of the Briton so much higher than those of many other peoples. I agree that an under-populated country is amply justified in selecting its emigrants. Indeed, I am of the opinion that the gateway of immigration should be most

carefully guarded, but no more so than the portal of birth. I am of opinion that a country, saturated in the matter of population, should turn off the tap before the vessel overflows.

I am of the opinion that there can be no truce between science and many modern theologies, and that the battle must continue until one or other leaves the field. I do not accept the teaching of that Church or of that theologian who states that the prevention of conception is a mortal sin ; that the family is a Divine institution ; that parentage must be the primary purpose of marriage ; that sexual congress without conception is sheer hedonism ; that concupiscence is the result of the sin of Adam and Eve ; that children are to be welcomed as the future citizens of Heaven ; that prayer and supplication in temptation lead to a self-control, which, being more difficult of achievement than contraceptive safeguards, is therefore morally of infinitely greater benefit ; that the true definition of *wrong* is that which is a perversion of nature, and of *unnatural* that which is such a violation of natural laws as to be contrary to the good which natural appetites are designed to achieve.

I do not know what Nature intends ; I do not know what is the purpose of life. But I

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am not prepared to recognize the claim of any Church to superior knowledge concerning these matters. I hold that man is the rebel among living things, defying physical nature, waging ceaseless war, and that the conflict will continue until man has won the mastery over his own destiny. Science is the tool with which mankind has so far fashioned its organizations ; it is the most potent force in human thought and action to-day, and only through the application of scientific method to social as well as to individual problems can civilization continue its development. Great as have been the changes in the material aspects of human affairs, consequent upon scientific development, these are relatively insignificant when compared with the changes which science has provoked in human thought. The popular mind is no longer attuned to the chanted dogma of the opinionated, to the authority of custom and of tradition ; it turns to facts for information and guidance, to scientific facts which one can verify for oneself. To-day is the day of the open mind, for facts which cannot be denied have everywhere shattered beliefs.

Theology has lost its grip upon humanity ; men are too materialistic and too critically observant easily to accept the traditional ex-

planations of the actions and plans of an infinite Deity. Men have ever created their own gods in relation to their social needs and aspirations. Mankind has always dreaded psychical loneliness, and has demanded that there shall be a god who would not let them endure final defeat. Democracy to-day is separating the Man of Galilee, the idealistic practitioner of a new sociology, preaching a new and glorious spirit into the common businesses of everyday life, showing how man might improve his lot on earth through the establishment of a more equitable social order of things—from Paul, the theologian who endowed the cult of Christ with its other-worldly attributes, concerning himself with the method of securing life hereafter through faith in a divine scheme of redemption, and transforming the Christian social idealism into a supernatural cult. To-day mankind is trying to trace again the trail blazed by Christ himself, and the god of to-morrow will be finite in goodness as well as in power and knowledge.

I hold that the soul is not an entity in itself, but a life ; that its saving is not a matter of bargaining, but that its development may be achieved ; that to save one's soul is to achieve a type of personality through loyalty to con-

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crete values concerning truth, beauty, and the dignity of life.

I do not agree that sexual indulgence is necessarily incompatible with a true spiritual life, and that the democratization of information concerning contraception must inevitably lead to greater sexual promiscuity since fear will be abolished. Science has killed fear in other fields, and man no longer regards Nature as the great unknowable filled with malignity towards himself. Terror no longer chills the heart of man, stifling thought and preventing action. Man now faces the unknown, strong in his faith that ultimately all that is now hidden will be comprehended, that Nature is not capricious and magical, but orderly and causal. He looks without dread upon a world the future destiny of which he can reasonably hope to dictate. Mankind will raise itself out of its bondage to the presently insistent and compelling urge toward reproductive extravagance, and will elaborate the spiritual concomitants of sexual intercourse and in them find inspiration. I hold that the control of fertility must make possible the highest type of unselfishness, for surely it is supremely selfish to bring into the world more children than can be fed, clothed, housed, and educated, and entirely reasonable

to build the house before the tenant enters. I hold that it must also develop a higher type of morality than that which keeps a person virginal through fear of social consequences.

I regard the sex relationship as a need, as a source of legitimate pleasure, as the most basic, the most beautiful, of functionings. In this relationship I find the sexes most sharply distinguished, and in their respective modes of expression their wonders most perfectly portrayed. But the puritanical Paulinian doctrine is definitely hostile to such a point of view. Christianity, as often taught, condemns the joys of the body. That this is so would appear to be the result of the fact that Christianity, when adopting the æstheticism of antecedent oriental religions, failed to note that these differentiated between priestcraft and laity. In many oriental religions any kind of sexual experience was forbidden to the priest, but to the laity the joys of the body were recommended. Certain Churches have taught that to priest and laity alike all matters of sexual intercourse are but carnal lusts to be ruthlessly condemned. The state of virginity in man and maid, even after marriage, has been exalted ; and it is held that copulation is polluting ; hence it is that good churchmen eat fish on Fridays—those fish

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which do not copulate. It is a matter of surprise really that the reproductive function has successfully withstood, not only the dysgenic influences of industrialism, but also the insistent condemnation of churchmen. "It is better to marry than to burn"—marriage was held to be the last resort of the overtried, and yet Priscillian, who taught that marriage, because it was opposed to virginity, was to be condemned, was burned. It is such teaching as this that has destroyed the innocence and the joy of sexual intercourse in Western civilization, and has endowed us with a legacy of repressions and morbidities, for it has prevented man gaining a knowledge of the sexual arts and has hidden from him any real appreciation of female sexual psychology. Meekly following such teaching, literature and art have elevated the asexual type, and to-day it is difficult for a man to be a male or for a woman to be a female and yet be attractive and respected. In this teaching the old and powerful have found an escape from their prison of deep-rooted jealousy of youth. The old male, whose forbears monopolized the young virgins, now exhibits the sex-phobia sanctioned by the Churches. So it is that society reinforces the attitude of certain of the Churches towards matters of sex, and contra-

ception is condemned ; it leads not to human suffering but to purgatory.

I regard as good that which will benefit the race, the future generations, rather than the individuals of the present, and as bad that which will embarrass the further development of man. The modern conception of Utopia is one of this world so organized that no human being will be debarred from a realization of the best that is within him save by the obligation to give to others an equal opportunity. The end towards which man has blindly directed the main effort of the civilization that he has made is the elevation and the expansion of the individual. I hold the view that a degree of prosperity is indispensable to the spiritual advance of individuals and of peoples, and that there can be no real cultural progress until the level of the material, and therefore of the social, conditions is advanced. Democracy, which is but the expression of a yearning for fuller personal expansion, demands that the material comforts and conveniences which form the basis for the final aspirations shall be the birthright of everyone, and holds that no permanent change in social organization can be expected until the majority of the people in a community possesses this birthright. Equality

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of opportunity is no vain dream : it is possible to visualize the time when, thanks to science, no human individual will lack the opportunity to achieve, both physically and mentally, the best that in him lies. I therefore hold the view that it is justifiable and desirable so to "space" children, in relation to physical and financial resources, that the production of healthy children with guaranteed opportunity for full development is secured. I hold that it is unworthy of responsible man to have life come into the world unless it can be surrounded with those circumstances and conditions which make full and complete life possible, that the size of a family and of a population should not exceed its material and spiritual resources.

Since extra- and pre-marital sexual intercourse is common and will become more so, I am of opinion that information concerning contraception, if and when satisfactory methods have been elaborated, should be made available to all and sundry who are capable of the sexual act, and if its exercise is to be expected. I personally protest against the undeserved stigma that is attached to the illegitimate child. I can contemplate the disintegration of the thwarted sperm and ovum much more easily than the death of an infant. I prefer pre-

vented fertilization to attempted abortion and infanticide.

The peak of a man's sexual activity is reached about the age of twenty-eight or twenty-nine. If marriage is delayed on account of financial considerations, the man may, and probably will, suffer through his association with undesirable women. I prefer the scheme of early marriage with contraceptive practice. I do not expect a man frequently to be with a woman he adores and yet not desire her body, or she his. I do not expect them to practise such self-control that intercourse does not occur. I would not wish them to do so. I maintain that it is a matter of urgent importance to the State and to its homes that methods of contraception that are reliable and unoffending shall quickly be devised. I do not think that it is reasonable to demand that every man shall remain continent until he can afford to have, and wishes to beget, a child, or that every woman shall dedicate the whole of her sex-life to procreation. He who holds a Bible in his hands is exalted no doubt, but the stimulus is not that which radiates from a beloved woman in one's arms. Until exhibitionism and voyeurism have been extirpated from the human female and male, so long will body call to body. The love of the senses is as

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wonderful and as beautiful as lovers make it ; it need not be, or remain, beastly.

The reproductive activity of people now living determines the constitution of the population of the next generation. The differential fertility-rate of different social and economic groups within a population thus becomes a matter of the greatest importance. It would seem to be an established fact that the labouring groups—manufacturing, agriculture, mining—have a higher proportion of fertile families per unit of population so engaged than do other occupational groups, and that also they have a much larger average number of children per family. The professional, clerical, trade, public services, and transport occupational classes are reproducing themselves at a rate which cannot maintain their present relative representation in the population, whereas the labouring classes are reproducing themselves in excess of their representation. These facts have been the cause of considerable alarm among sociologists who have assumed that the socially successful are necessarily the biologically superior. I personally do not share in their alarm. The professional classes are mainly recruited from the students of the Universities, and these are by no means all the sons of professional men,

The professions have been, and still are, regularly recruited from among the children of the heavily labouring classes. The overalled parent begets a black-coated son quite commonly. It is the case in Scotland that the agricultural-class has shown a remarkable ability to provide first-class recruits for other occupational groups.

The differential fertility-rates of occupational groups are to be regarded as demonstrations of an adaptive regulatory mechanism acting within a variable social environment. The physical environment of a family is mainly determined by its wealth ; the kind of work of the members of a family is mainly determined by its economic and social position. Both these factors are of biological significance. The number of individuals in a particular social group is determined by the selective forces of economic agencies and by the length of the working life and the individual. If a social organization demands coal, and if there is coal in the country, there will be as many miners as can hew the coal that is required. If railways are lengthened, there will be a demand for railwaymen, and these will be provided. Industrialism demands labourers, and so there are labourers ; it needs more labourers than doctors, and so there are more. If a labourer alone can beget

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labourers, and these are not recruited largely from other groups, then he must be encouraged to reproduce more rapidly than the lawyer, not only because more labourers are required, but because they wear out faster. If the miners to-day are too numerous, then this is because they were recruited in times of prosperity. But to state that miners twenty-five years ago should have had fewer children is not to suggest the only way in which the problem of unemployed miners could have been solved. The economist warning the State that no increase in miners would be wanted twenty years ahead, miners' sons should not have been allowed to have become apprenticed to mining. They could have been made into quite unexceptional workers in other occupational groups. I know no reason why I should assume that the stock from which they sprang is biologically inferior to that which provides recruits for the professions. A social or occupational class does not invariably breed its outstanding specimens : commonly these are recruited from another, usually referred to as a *lower*, class.

All that this means really is that I am of the opinion that hereditary worthiness is not the monopoly of the socially successful, that the circumstances of the environment condition

the expression of the hereditary constitution of an individual, that there is an abundance of first-class stock submerged by its social environment, and that, given opportunity to escape, such will flourish. The humility of an origin has no relation to the ultimate grandeur of a development. In the future, as in the past and the present, man will leave the gutter and the garret to live in the halls of the immortals.

Therefore I do not propose to discuss the question of enforcing contraceptive practices upon the members of those occupational groups which exhibit a relatively high fertility-rate. Such a differential fertility-rate among the different occupational groups is to be interpreted as a normal feature of the social and economic structure of human communities.

But there exist, among all social groups, individuals and stocks of definitely unsound hereditary constitution, and the multiplication of these is without doubt a dysgenic menace. The reproduction of all stocks exhibiting characteristics admittedly undesirable and known to be inherited should be prevented. Poverty and social failure are not necessarily indications of biological unworthiness, however, and the greatest care must be exhibited in the evaluation of the relative eugenical worth or social

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and economic classes. But there is no doubt whatsoever that in any population there exists a very considerable number of unimprovable, civically unworthy individuals, damned by their organic inheritance to be profoundly abnormal, feeble-minded or insane. These are the streams which feed the flood of defective and degenerate inheritance, and these streams must be dammed—by controlling reproduction and emigration, by segregation, and by sterilization. Assuming that such a defective, once born, has a right to live and to enjoy whatever freedom is compatible with the lives and freedom of the rest of society, society must exercise its right to protect itself against repetitions of hereditary mistakes. Contraception is not for such, for contraception implies self-control, and this these have not; for such there must be sterilization and segregation. The fact that the attitude of the Churches in this matter is definitely dysgenic must be faced. They oppose no moral or religious barrier to dysgenic matings, they preach unrestrained pity, and the succour of the biologically hopeless.

From the standpoint of the State there are two classes of people, those that may have children and those that cannot be allowed to have any. In the case of the latter, the State

should offer subsidies in return for voluntary sterilization ; if this is not effective, then sterilization should be compulsory. In the case of the former class, the State should so legislate that as many children shall be born as can find opportunity for development, and it should ensure that each social group shall receive its quota of recruits. In the service of the State and of human evolution, it should be as gratifying to be a good labourer as to be a good lawyer, and the opportunities for self-expression and for self-expansion should be the same for each. Give to an occupation a dignity, and the end-result will be a relatively new fertility-rate amongst its practitioners. If poverty presses upon a family or upon a group, the only form of relief from ugliness becomes that which is to be found in alcoholic and sexual excess. There is no need to force contraceptive practices upon a group which is relatively highly fertile. All that is needed is to allow the material conveniences and comforts of civilization to infiltrate into its organization, and the fertility-rate will fall, unless in this occupational group there are vacancies for recruits and the training of the apprentices makes no serious financial demands upon the family purse. Information concerning contraception is required by those who

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stand upon the threshold of social comfort and who must be thrust back into degradation by the reinforcement of their family. To such it should be given. Unless it is given to these, the effect of prolificacy is to fill the cemeteries with tiny graves, sacrifices to the Moloch of immoderate maternity. No woman should become pregnant against her wish ; pregnancy should not be feared, but only welcomed. No child should come unwanted. The sexual life of a man or of a woman cannot be allowed to remain incomplete because of the dread of children.

On purely medical grounds I am not opposed to Birth Control, because in my opinion whatever ill-effects now follow contraceptive practices are due to faulty methods. At present there is no absolutely harmless and reliable contraceptive appliance. But this does not prevent me from advocating the use of such appliances as are now available. It surely will be easier to devise adequate methods than to breed a race of asexual humans. There is every reason to assume that with the increase in knowledge that will flow from the results of active research there will be developed a greater and surer control of fertility. There are no

mysteries about this question, but only present ignorance and imperfection. It is, in my opinion, the duty of the medical profession to face the fact that contraception is very prevalent, and will become more so, and to turn its attention to the elaboration of methods of control that will give peace of mind to the people. It would seem that the contraceptive should be chemical rather than mechanical, that it should be used by the woman, and should be such that its application will not offend. Coitus must not be made deliberate and conscious. Coitus interruptus is to be condemned in my opinion because, like other present methods of contraception, it does not give a sense of absolute security—no woman must be forced to wait for confirmation—anxiety must be prevented.

These, then, are some of my opinions concerning contraception. I may change many or all of them if the attributes of our present social organizations become altered. They are personal opinions, and are open to the criticism of everyone, including myself. One may expect that many will agree with them, and that as many will disagree. There must be disagreement until more is known concerning man and

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his destiny. In the meantime the great and urgent need is not debate, ardent or acrimonious, but research in the fields of human biology and of sex-physiology. The medical profession is not justified in refusing the responsibility of undertaking and encouraging such research. The doctor does everything he can to prevent a man exposing himself to venereal disease ; at the same time, he faces the fact that venereal disease is prevalent and must be treated. He may be entirely opposed to contraception, and may say so in his consulting-room or on the public platform ; but he must face the facts that contraceptive practices are commonly employed, that such as are now employed are not satisfactory, and that it is his duty as a servant of the State and as the medical attendant of his own people to see to it that there are provided methods for the conscious control of fertility which remove physical danger and mental anxiety from the lives of those for whose health he is responsible. This is his plain duty as a medical man, whatever he may regard as his duties as a citizen. Contraceptive practices will become more and more used, for mankind now recognizes that the further evolution of himself and of his institutions must be deliberate, conscious, and controlled by man ;

and the control of fertility is but one expression of this attitude. The time will come when the Churches, *all* the Churches, will sanction contraception, it being recognized that this is one of the means by which the life that is may be made as magnificent as the postulated life hereafter.

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THE psychology and psychopathology of contraception began in 1894 with Freud's description of anxiety neurosis.¹ He included among the ætiological conditions that may, under certain circumstances, give rise to anxiety neurosis in women: "the practice by their husbands of coitus interruptus or reservatus." The use of condoms "is not injurious to the wife if she is very quickly roused and the husband very potent. Coitus interruptus is almost always harmful."² Harm is done if the wife fails to obtain satisfaction in coitus. Coitus interruptus is "harmful to the man if, in order to provide satisfaction for the woman, he voluntarily controls coitus and delays the ejaculation."³

¹ Freud, *Collected Papers*, vol. i. "The Justification for Detaching from Neurasthenia a Particular Syndrome: The Anxiety Neurosis," p. 76.

² *Ibid.*, p. 88.

³ *Ibid.*, p. 89.

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In such cases, as well as in voluntary abstinence, there is psychical and physical privation in addition to a further disturbing element—deflection from the original sexual aim. Unrelieved sexual tension with its accompanying loss of psychical gratification, i.e. the non-fulfilment of desire, brings about intra-psychical conflicts, and thus certain nervous conditions (anxiety neurosis, anxiety hysteria).

Despite fairly general acceptance to-day of these views by physicians, even by many who probably are unaware of their origin or may not even subscribe to Freud's differential diagnosis of anxiety neurosis, they have invited very little further investigation or discussion on the psychological problems involved in conception and contraception. Freud's statement has been accepted for its empirical worth, and there the matter has been left.

His view, that the symptoms in such conditions as anxiety neurosis and neurasthenia were elementary, i.e. not further psychologically reducible, and that the causes were physical, has perhaps contributed to some neglect of this theory even by his own followers, who, moreover, are by the very nature of the scientific habit enjoined by the practice of psychoanalysis, wont to be unusually cautious, some

may say timid, in dealing with matters of social reform based upon that science.

It should be said that the original separation between anxiety neurosis (physical origin) and anxiety hysteria (physical + psychical origin) has been modified by Freud himself, as well as by members of his school. It is admitted that the differentiation is more schematic than real, that practically in all cases with which medical men have to deal both factors are present ; the picture presented by the sufferer will depend upon a balancing of the physical and mental factors involved, the physical factors due to coitus interruptus, and the mental factors, inhibited desire with the intra-psychical conflicts engendered. The dangers of the contraceptive methods here referred to apply equally to sexual abstinence. It is important to bear this in mind, for despite the current term " Malthusian methods " for contraceptive measures, Malthus had the greatest abhorrence for the use of contraceptives. One of his biographers, a rationalist thinker, considers it necessary to explain that " Malthus is in no way responsible for the immoral theories popularly connected with his name." Malthus approved of only one method of limiting the family : " moral restraint," as his biographer

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names it to indicate that sexual abstinence is a whole morality in itself.

To say that measures for the control of birth involve considerations of great import to the State and to the structure of family life is to utter a platitude. It is clear that here, as in all similar sociological questions, the voice of the scientist will not be the only voice listened to either as to the desirability of the measure at all, or as to the choice of method. There are, for instance, methods of averting the trials and tribulations of parenthood which the social conscience of this country would incontinently reject. It would, for instance, never tolerate the sight of human sucklings hanging in a butcher's shop profitably disposed of in this wise by their mothers, nor would society allow parents even to present their living surplus infants to, say, the Medical Research Council for physiological experiment, although such gifts were to be employed for the advancement of knowledge and even for the diminution of disease among human and non-human animals.

Quite obviously, artificial regulation of conception comes into conflict with scruples—religious, moral, æsthetic : scruples which are in my opinion even more formidable than they appear to the rational observer, because in a

great many instances the alleged scruple is itself often a masquerade for something biologically and psychologically very fundamental to human, even to organic life in general. There has been no serious attempt, so far as I know, on the part of the advocates or opponents of Birth Control at a psychological evaluation of these objections, because the part played by unconscious factors has not received due recognition.

I cannot find in the numerous discussions, polemical or scientific, on Birth Control that have taken place in recent years any real attempt to investigate the contribution that an understanding of our mental life might offer to the problem. The psychological grounds adduced against the use of contraceptive measures have often been as trivial and superficial as those adduced in favour of them. The reason is to be found, as I have said, in the failure to realize the great importance of the unconscious mental life in motivating our behaviour and our consciously expressed ideas. It is largely to these unconscious processes that I propose to refer in the attempt to arrive at the justification for the use of contraceptive measures. It will be understood that in this short article I cannot enter into all the considerations that may make

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Birth Control advisable : I shall not deal with politico-economical and statistical questions. But I venture to think that the conclusions here reached do have a bearing on all the arguments pro and contra, even the statistical.

Among the considerations to which insufficient importance has been paid are those which may be said to be founded upon the importance that is attached to sexual reproduction by Nature.¹ This importance may to some extent be arithmetically measured. These measurements are an illustration of the audacious exuberance, the careless profligacy, of the cosmic process displayed in sexual reproduction. Some comparative investigations concerning the number of spermatozoa excreted in emission were made on men and dogs by Lode,² who found that the average amount of the emission in the dog is just under one cubic centimetre, and in man about three and one-third cubic centimetres.³ In these quantities there are, respectively, dog 55,778,000, and man 226,257,900 spermatozoa ; one emission providing more than sufficient sperms to fertilize

¹ For brevity's sake, if I use in this essay anthropomorphic rather than strictly scientific terms, may I be pardoned.

² Lode, " Untersuchungen über d. Zahlen u. Regenerationsverhältnisse der Spermatozoiden bei Hund u. Mensch," *Pflügers' Archiv*, vol. 50, 1891, p. 278.

³ Lode, *op. cit.*, p. 287.

all the nubile women in the British Empire. In man the number may vary from zero up to 550,000,000.¹ Lode estimates that the number of spermatozoa produced in an average man between the ages of twenty-five and fifty-five is 339,385,500,000 (over 300 French billions).²

The number of oocytes in the ovaries of a girl of eighteen is 72,000, according to Henle.³

Darwin was astonished at finding 243,600 blossoms on a plant of the Compositæ family (Leontodon), and that there was in a hibiscus eighty-one times more pollen grains than would be required to fertilize all the ovules.⁴ At every coitus between the ordinary man and woman there are three thousand times more spermatozoa than are required to fertilize all the oocytes, while in effect only one spermatozoon out of the 220,000,000 fertilizes only one of the 70,000 oocytes. This disproportion between the sexes justifies the complaint that the habit of producing offspring has no relation to the present social needs of mankind, and that it is a phylogenetic legacy, being the expression of a mechanism which served well enough when

¹ Lode, *op. cit.*, p. 287.

² *Ibid.*, p. 292.

³ *Ibid.*, p. 292 (quoted by Lode).

⁴ Darwin, *Fertilization of Orchids*; see also his *Cross and Self-fertilization in the Animal Kingdom*.

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the female elaborated as many ova as the male did sperms, but which has not been modified to correspond with the reproductive requirements of the present day.¹

This excess of spermatozoa and of ova is an indication of the biological urges at work to ensure reproduction. Those who are either advocates or opponents of changes in the social system that has grown up dare not lose sight of the fact that man has a physical side, however interwoven with his mental and spiritual aspects, which has its own special regulations, encumbrances, and urges. Before we can hope effectively to control these urges, we must adequately value them. The figures I quote indicate how powerful a biological process is reproduction. The current objections to Birth Control are largely based upon this biological drive, although the objections may never be formulated in biological terms, but rather in terms of ethics or religion.

No exploration of the unconscious proceeds very long without a confirmation of the surmise that the Biblical injunction "be fruitful and multiply" corresponds with the fantasies of men and women to this day. The Abrahamic

¹ Crew, "The Human Sex Ratio," *British Medical Journal*,
p. 763.

fantasy, "and I will make thy seed as the dust of the earth," is not confined to any one race nor to any one class of the population.

A woman of the middle classes who, after having born two children, took adequate precautions on very sensible grounds, had many fantasies of bearing children, not only to her husband, but also to earlier sweethearts, although her life was a sufficiently full one with her two young children, plenty of friends, golf, household cares, and a proper respect for London's shopping centres. I have seen similar tendencies, expressed in dreams and in the other ways in which the unconscious desires come to light, in a woman with a family, whose life was a hard economic struggle. Such fantasies could always be traced back to the infantile sexual life with desires incapable of fulfilment at that time, and whose primitive desires are as unquenchable in the world of reality as are those of a Don Juan. These unconscious wishes are compatible with an averagely normal adjustment to life, giving rise, perhaps, to nothing more than something of that philosophic discontent of which the preacher discoursed of old: "Vanity of vanities, all is vanity."

Again, the desire to become the father of a

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child, quite apart from the desire for sexual acts, plays a foremost rôle in the life-history of every male child ; boys of a little over two express such fantasies, and men of seventy have not ceased giving rein to similar desires. Every analytic investigator will discover this. Anthropological research confirms the prevalence of these deep-lying wishes among all the races of mankind, and all literatures record them. In these days among highly advanced people, no less than in earlier patriarchal times, the father of a large family is esteemed who can boast, either avowedly or with a pretence of humility, of a numerous progeny. Augustus II, the father of Marshal de Saxe, with his six hundred odd children, is still an object of envy, perhaps amused envy, to a very large number of average men in these islands. Nor is the mother of a quiverful less proud or less envied by other women, although such envy often takes the obvious disguise of derision and pleasantry. " Four Babies at a Birth " gets half a page in an evening paper as I write,¹ and the mother, " a dark pretty woman," told the reporter with a smile, " That shows you that what they say about modern girls is not all true. They don't put themselves first always."

¹ *Evening Standard*, April 30, 1927.

The reproductive impulse, the wish to have children, is a part of sex, and plays an even more important part in man's life than has been allowed, although it is not the whole motive of sex.

"For woman," Helene Deutsch ¹ contends, "parturition constitutes the termination of the sexual act, which was only inaugurated by coitus, and the ultimate gratification of the erotic instinct is analogous to that in men, and takes place at the moment when soma and germ-plasm are separated." Whilst in man the function of reproduction terminates with the act of ejaculation, final relief from sexual tension occurs in women at parturition. Deutsch suggests that the orgasm experienced by woman during coitus, and which, as is well known, may be absent although conception occur, is an attempt (unconscious) to give to coitus the character of parturition. It is, as it were, an unsuccessful contraceptive measure.

There is ample evidence to support the contention that, in the fantasy life of the girl child, the desire to have children plays a leading rôle ; this primitive desire retains, consciously or un-

¹ "The Psychology of Women in Relation to the Functions of Reproduction," *International Journal of Psychoanalysis*, vol. vi, 1925, p. 412.

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consciously, more or less its pristine strength in adult life, where it may take many common aberrant forms—fear of child-birth, fear of children, a cynical attitude, æsthetic disgust at sex, reproduction and lactation.

In the girl child, motherhood, the wish to give birth to children, is a regular feature of its fantasy life which ordinarily becomes abrogated or diverted into other channels as the child's fantasies begin to accord with the realities of the external world ; exaggerated views on the evils of motherhood and the population question, views, ideas, and activities based upon this range from practical normality to pathological conditions. It is not the expressed opinion but the unconscious motivations that make these suspect.

In the male, paternity becomes consciously or unconsciously identified with potency ; every child of whom a man can claim to be the father is a real assurance of his sexual power, assuages his unconscious fears—those fears dating from earliest childhood, of some injury to the genital organs, fears which must generally remain unknown to the individual, fears which consciously may be related to quite other physical disabilities, for instance, loss of the hair, or may appear as deficiencies in character—say, want

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of self-confidence. Paternity is again a living sign of his being as good a man, i.e. as sexually potent, as his father. There is no space to dwell here at greater length upon the important part that is played in the life of the male by the (unconscious) fear that the father is seeking to injure the son and the son's likewise unconscious desire to kill or injure the father; this mutual antagonism of father and son, it may be recalled, Darwin regarded as probably one of the conditions that influenced sexual selection in man during primeval times. Infanticide and patricide belong, of course, in civilized communities to the domain of psychopathology and criminology, but the (unconscious) mental attitude remains to-day as a power shaping our characters. It is again seen, in part, in the exaggerated value attached by men to sexual faithfulness on the part of their women. Any doubt as to the paternity of the child brings with it all the doubts and fears of his own manhood and potency. Strindberg's drama, *The Father*, recently played in London, is a powerful illustration of such a doubting and its effects.

The advocates of contraception have to contend with two important opponents, whose views I am attempting here to summarize.

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1. *The Biological Opponent.* — Nature's troublesomeness, if I may so term it, with its insistence upon reproduction at any price, that is, without sufficient regard to the producing agents, man and woman, or to the products, the children. I have quoted the figures about spermatozoa and ova because I think they are often overlooked in this connection ; the direct relationship between fecundity and infantile mortality will be doubtless dwelt upon by other essayists. The sceptical reader has only to observe the nearest tree or plant in the blossoming and in the ensuing fruiting time to ascertain "Nature's careless views."

2. *The Psychological Opponent.* — I have sought to illustrate this opposition by a description (brief and imperfect I admit) of the fantasies about having children that occur at the very beginnings of child-life, fantasies that do not cease with age, fantasies that have sprung out of the mental attitude of the child towards his father and mother, that pertain, one may say, to the very essence of the human family.

These deep-rooted impulses are at the bottom of the many objections raised to contraception. A medical woman is jubilant at the thought that no contraceptive is quite safe—instead of hoping

that a perfect one will be found, as she would were it an uncertain anæsthetic or the like. A medical officer of health believes the population question can be left to Nature : " Nature limits the number of children in married people through incompatibility or through similar causes." These puerile pseudo-scientific arguments against contraceptives are understandable on the basis of the fantasies to which I have drawn attention.

But the self has not only unconscious sexual or, more correctly, libidinal impulses which work in opposition to measures favouring Birth Control ; the ego side of the self has a number of conscious and unconscious impulses, ego-impulses as they are termed, which are or may be in conflict with the sexual side of the self, and would have us altogether without children. A large number of these conscious ego-restrictions to have children are too familiar to need recapitulation here ; they are read by every newspaper reader and heard by every even occasional church-goer. It need only be said that very often the charges attributed by journalists and bishops to the selfishness of the modern married pair should be really charged to sexual inhibitions rather than to ego-impulses. But there is, of course, an ego-side : children

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frustrate the ego-wishes of the parents. The child is not only the source of joy and pride to the mother, not only the object of endless love and care, but as the source of privation to the mother and the father the child becomes something hated, something whose death is wished—wishes that are not always unconscious. In less civilized countries than our own and in primeval days, as Darwin pointed out, “Barbarians find it difficult to support themselves and their children, and it is a simple plan to kill their infants.” Death wishes, infanticide in fantasy, often masquerade in the oddest forms, as, for instance, in the Couvade system, or in the custom among Styrian mothers of biting off the head of a live mouse and tying it round the child’s neck as a preventative against the ills of teething. (The mouse substituting the child.)

Thus we see in the self a conflict, racial and individual, between two opposing currents. The biological views and libidinal tendencies would give us, if we pushed them to their theoretical limit, infinite children; contrary biological (Darwinian natural selection) and the ego tendencies would give us none. It is, perhaps, to these ego tendencies that we owe the limitation in reproductive activity so clearly occasioned by monogamous marriage with its

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accompanying system of prostitution ("the oldest profession in the world"), delayed marriage, and the like. This, of course, does not imply that it is to the unconscious desire to restrict child-bearing in the ego-interest that we owe monogamy and prostitution. But these institutions do aid the ego in its conflict with the libido or sexual self.

To this conflict between these powerful human forces fought out in man's unconscious life we may, not unfairly, I think, ascribe some measure of the psychological disharmonies from which man suffers and has probably suffered for a period to be measured in geological terms rather than in human historical datings.

And now what is to be done about it? The disharmony can only be resolved by a complete understanding of the forces at work and by the application of man's reason, freed as far as possible from the bias arising from the unconscious mental processes, to the problem of the family and the limitation of the family.

I recall Huxley's memorable words: "Let us understand that the ethical progress of society depends not on imitating the cosmic process, still less in running away from it, but in combatting it."

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And by combatting it, Huxley meant in the first place that we should endeavour to understand this cosmic process. To ensure scientific and rational measures of Birth Control we must first realize what powers are engaged against reason. We shall master these obstacles as we have mastered, or are endeavouring to control, those other obstacles which the cosmic process hurls against man.

For his food supply civilized man has not rested content with the uncertain supply of some scarce berries or the chance encounter with a wild boar; these initial difficulties he has overcome by sowing corn, by domesticating animals. An enlightened husbandry is gradually leading him to make all the world a single source of food supply; he establishes an agricultural Clearing Station, so that he shall—a few years hence—be able to provide, year in, year out, for all his needs. This is the psychological-economic factor driving man to trade unions, cartels, industrial groups, and trusts. (There are other and contending factors, of course.) “The world is my country” is tending to become realized in a politico-economic sense, ignoring the older ethnological and cultural groupings.

. . . . “Not to imitate the cosmic process.”

That is, as regards reproduction, not to reproduce our offspring in Nature's (unconscious) reckless and profligate way. For what the opponents of Birth Control on religious, moral, æsthetic, or pseudo-scientific grounds really demand is that reproduction of man's life shall be ruled by his primitive infantile unconscious fantasizing.

. . . . "Not to run away from the cosmic process." That is what we should be doing if we followed the advice of the Rev. J. R. Malthus and his numerous followers who to-day advocate abstinence. If the indications I have put forward in this article have any justification then sexual abstinence—as a national policy—can only lead to increasing mental and physical disequilibrium.

. . . . "Control the cosmic process." This means to understand and, especially, not to undervalue the deep-seated psychological features that masquerade under the various kinds of objections raised to Birth Control. Were this properly grasped, there would be no question of making Birth Control a political issue.

Education, in the widest sense of the term, is the weapon with which such opposition is to be fought. It is indeed the only weapon with

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which mankind has been provided for conquering all obstacles and overcoming all the difficulties with which man, Nature's rebel son, faces the cosmic process. Education is slow ; whether in this instance it is to be sure rests with the future.

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VI

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NO recent movement affecting the welfare and the health of the public has been more vigorously assailed than that in favour of Birth Control, nor, it may be stated, has any question, that invited discussion, so stirred the popular mind, especially among the religious people, than the desire to give sanction to the practice in an open manner—in fact, make permissive and legitimate—certain appropriate measures for the regulation of births, in specified cases, where such control is desirable—indeed, is frequently urgently called for.

Yet it is well known that the subject of Birth Control is not new; it was strongly urged by Malthus as long ago as 1817, and, of course, has ever since been vehemently opposed. It has been widely practised for many years by a class who have had less need of it; but the very people who should have benefited by the knowledge and consent have been forgotten,

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and not until Dr. Stopes and her supporters have lately sought to regularize a system by clinics has a fuller attention and a free discussion been permitted.

I suppose that it must be admitted by all unbiased, fairminded people that some measure of recognized—if not legalized—control has been overdue for many years. I mean that a definite knowledge of the best methods of contraception should have been within the reach of a much greater percentage of the population, and especially of those who were considered eligible for such advice and assistance in the past. From its very nature the cause is not a popular one, or one lightly to be championed, and I cannot say that I am one of those who would broadcast this knowledge; but I would definitely consent to the advice, assistance, and sanction, quietly given to a certain number who are considered suitable—by a doctor—it may be at a clinic, but certainly to any poor woman in need of such help.

To me the question has often occurred as one of almost national interest; and, on looking back on the experience of many years of a large private practice and public health work, I can see and remember scores of families who have suffered from lack of the application of this

knowledge in preventing disease, and in avoiding the perpetuation of all kinds of disabilities—inherited disabilities—which, not fatal in themselves, have been passed on and have weakened further generations.

Whatever we may think of Birth Control, it is not difficult to the medical mind to enumerate conditions that demand this help, for they are to be found in the experience of all medical men, whether in consulting work, in hospital life, or in private practice.

Let us take a few examples that should be sufficient to convince any unprejudiced person that assistance on the lines suggested for Birth Control should be forthcoming, and that the need has been, and is now, often urgent, and yet the remedy has been neglected in the days that are gone :—

(1) A young wife has been known to have very definite aortic disease of the heart in its worst form ; her doctor has always discouraged matrimony, but her parents have consented. *Nolens volens* she marries. All apparently goes well till she is pregnant ; pregnancy is passed through with difficulty and with many troubles. Then the confinement occurs, and a very

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serious and dangerous case it is for her—in fact, she is almost lost ! She is urged, by a specialist, on no account to become pregnant again—yet she must live with her husband, and pass the ordinary life of a married woman ! Is she to risk her life a second or third time and be denied the use of contraceptives ?

(2) Or suppose, as frequently occurs, she has inherited or acquired disease—perhaps advanced kidney trouble—which has become serious and gives anxiety to all her friends : because of ill-founded scruples, is she, too, to risk life or possibly produce the unfit ?

(3) When you give the matter the close consideration it deserves, you will, I think, realize that it cannot be for the good of the State that a woman suffering from pulmonary or other form of tuberculosis should become pregnant ; and yet we all know that on leaving a sanatorium this often occurs. It is true that during pregnancy the symptoms may appear to be in abeyance, but recurrence takes place soon after the birth of the child. Nature is kind, and the majority of infants, if well nurtured, have a fair start in life ; but

there is no doubt that, with the same constitution and similar tissues, the infant, when it becomes adult, will be more liable to the diseases of its parents, when the favourable circumstances that have accompanied its upbringing have been removed—perhaps unavoidably withdrawn.

(4) It cannot be in the interest of the community that a husband and wife, still suffering from syphilis, should be raising a family before a cure has been certified or assured. There is no lack of evidence in hospital life and throughout the country that syphilis, acquired or inherited, is still very prevalent, and certainly some check is needed by those who have the will and intelligence to use it. Comfortably placed in our respectable upper and middle class homes, we do not all realize the temptations, indulgences, and sins of those less well favoured; but we do know that, for want of proper precautions and knowledge, many are the victims—frequently innocent victims—by contamination with the disease.

(5) Surely it cannot be right that children be conceived whilst one of the parents is inebriated, or is very definitely a chronic alcoholic? It is, I am aware, frequently

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denied that the children of chronic alcoholics inherit disease, but I know—and can state positively that I have often seen—as a result of very heavy drinking in one or both parents during the child-bearing period, the children become victims of convulsions, of asthma, of consumption, and of all kinds of nerve troubles ; and it is common knowledge that they are very liable to become, in later years, drunkards themselves—unless abstainers, and then are often seriously damaged in health.

(6) It is obviously necessary to prevent a woman with a markedly contracted pelvis becoming pregnant again if she has been through two or three confinements and possibly has required Cæsarian Section—unless she herself accepts the risk and the responsibility.

(7) Almost every week a tragedy occurs, or some drama is enacted. At the inquest it transpires that the accused had relatives who had been found insane and had proved their insanity by some unusual or amazing deed ; in fact, it is found that there is insanity in the family, and this is advanced as a mitigating cause and motive for the tragedy. Sometimes it happens that young

married people are not informed of this disease, or of mental abnormality, in the family on one side ; sometimes so strong is the affection that they marry in spite of the knowledge—and *there is no law to prevent it*. But we doctors know that every obstacle should be placed in the way of such marriages, and, if they occur, we feel, and feel very strongly, that these people tainted with insanity have no right whatever to procreate and add further to the long list of the insane. One wonders how much longer the State will withhold inquiry and surveillance of these people, so as to place some limit to the obvious danger of their propagating their kind. This inquiry should certainly be an item in Preventive Medicine.

Insanity is by no means the only result of such unwise marriages. Skin diseases, such as psoriasis, syphilitic or otherwise, are frequently passed on, and numerous congenital troubles occur that should be avoided till the health of the parent is completely restored.

In any case, it is obvious that wives should be in a position to protect themselves from a dissolute and lustful husband, and they would

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and do gladly accept an offer of assistance to avoid pregnancy till the danger of gonorrhœa or worse evil has passed. This is shown by the large number of women who have received advice at the recognized clinics and have gratefully acknowledged benefit received.

My Catholic friends are perfectly horrified to hear and to know that any system of Birth Control is suggested and practised, and always quote freely from the Fathers and Church dignitaries in support of their opposition. I have great respect for their opinions, and for those of my Puritan friends, but I know that they base their opinions on theories, not on actual practice or knowledge. In any case, I am not reverting to the prudery of Victorian times in dealing with modern problems. I want to assist with the difficulties as they occur at the moment—not to ignore them, or stand in the paths of those who see a way to mitigate and smooth out some of the difficulties. Old worn-out prejudices should have no place in the treatment of modern problems; and, in any case, whilst I know that religious people may live pure and holy lives, I do not think the priesthood, at any rate, can have a real personal family experience of sex knowledge necessary in tackling this problem, nor do I believe they

have any remedy except continence to meet the difficulties referred to.

Abstinence is desirable, is indeed obligatory, with large numbers, and it may be and is no doubt practised without serious detriment to health ; but there are limits even to this virtue which opponents decline to recognize.

The suggestion that continence is the only remedy, and is all that is required, to me is just foolishness, if not canting nonsense ; and I have no sympathy or patience when such a statement is advanced to satisfy a theory which they know is not feasible, is not practicable, especially if applied to young married people, and (as is well known) is not seriously attempted by any class to any marked degree.

There are some women who are not happy or even well unless pregnant. I have met several in this strange state of mind. To them it is the only condition in which they have a sense of well-being, and, whether they can afford a large family or not, their quivers are always full. Certainly they do it well—usually have fine healthy families, and are not to be denied.

By all means let them replenish the earth ! But these people are exceptional. On the other hand, with normal people I have serious doubts if we have any right to ask a woman to produce

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in these days more than four or five children, especially if in poorer circumstances. It was quite of common occurrence in my younger days to see a family of ten or twelve children, and this excess may still be found occasionally. But only those born in such a family know of the trials, difficulties, and privations (albeit with compensations) that such numbers entail, to say nothing of the tax on the mother !¹

The time has surely come when it should be definitely recognized as perfectly legitimate to limit the size of the family after four, five, or at the most six, children have been given to even healthy parents, so that the next generation may expect to have reasonable chances of robust health ; the best education for their station in life, an opportunity of obtaining and holding positions that will not necessarily entail a life-long struggle to maintain, or make doubtful a fair prospect of a competency on retirement.

Not only should a married pair be satisfied with a family of moderate size, but the wife should not be compelled to bear a child annually, however strong and robust she appears to be. The above statements are quite reasonable as

¹ A tax, alas, that has, too frequently in my experience, resulted in the development of cancer at the menopause.

applied to healthy parents—how much more so when applied to, say, a wife with a delicate husband, constantly out of work, and with no prospects. For them Birth Control, in some form, is the only remedy, and really becomes a positive duty to themselves and to the State.

We are often told, with much confidence, that, with better housing, with increased knowledge of eugenics and hygiene, many of the evils referred to above will gradually disappear. One is always ready to acknowledge that much good is being done by all the agencies at work, officially under the ægis of the Ministry of Health, and unofficially by private enterprise; but the progress is not so marked as to preclude the need of assistance in the circumstances I have referred to, to say little of those I have necessarily omitted. Real progress would be more definite but for the pace we live, would be more certain but for our artificial modern standards, and for the fact, which cannot be disputed, that sex influence is as strong to-day as in any previous generation, and—judging from the displays in our cinema halls—is even more frankly exhibited. I have little doubt that as a nation we are gradually improving physically and morally; but we must still do our part to ensure safety, if inherited and acquired disease

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is to be discouraged and if we are to hope for a stronger race.

I am fully aware of all the disadvantages of the use of contraceptives—of their occasional failure and of their liability to abuse ; and yet I would advocate their moderate use in all suitable cases. The alternatives are years of repression, masturbation, and coitus interruptus—all most harmful and demoralizing, and certainly more unnatural than the methods advocated and practised in Birth Control. All honour to those who can and do practise abstinence, and who can conquer life's greatest snare and temptation ; but all are not made after their model, and we must deal with facts as they are. Viewed from an economic aspect, it will be seen that something can be said for those who advocate control for the healthy and would urge marriage at an earlier date instead of waiting till nearly thirty or later. To a great extent this is a matter of conscience with themselves. For many, it is better to marry early than to suffer years of repression, with the other sex difficulties and troubles already referred to.

It is greatly hoped that, in the years to come, as a result of greater discrimination and care in the production and rearing of children, we

shall hear less of the crowded condition of children's hospitals, less of waifs and strays, of orphan homes, of unwanted workhouse and infirmary children, of the need of benevolent funds, Barnardo's Homes, and institutions for neglected and forsaken children for whom no provision has been made by the parents—children who have no real and assured prospect of happiness in the future. As a Medical Officer of Health I used to deplore the curtailment of the family and fear for the future of the State, but I am convinced now that there are greater evils than a lessened population, especially if some control and supervision can be exercised in preventing the propagation of the unfit. I am certain now that it is far better for the nation to produce a handful of virile men than to foster, and almost encourage, the advent of a multitude of weaklings.

VII

JANIE LORIMER HAWTHORNE

M.B., CH.B.

**(Formerly Consulting Medical Officer Mothers' Clinic
for Birth Control.)**

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JANIE LORIMER HAWTHORNE

AT the risk of stressing the obvious, I must emphasize the fact that Birth Control does not mean the prohibition of the birth of children, but the desire to do away with the birth of children under improper conditions, which lead to the production of unhealthy weaklings who will be of little use to themselves, to their country, or to the nation of which they are a part. No country can possibly desire such additions to its numbers, and child-labour is no longer a necessity to any community. There is, therefore, no reason why every civilized country should not concentrate on the production of as large a number of healthy children as it can provide for—these constitute the true wealth of an empire, and Birth Control is another manifestation of the instinct of self-preservation. There can be no doubt amongst all those who have given the matter serious consideration that Birth Control is being practised

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regularly and frequently by the majority of our own people and among what are known as the professional and the upper middle classes.

Instead of criticizing and condemning the people who deliberately curtail the size of their families, it might be well to try to understand the motives which force them to indulge in abortion—a practice which is abhorrent to many, and which they know to be criminal.

There must be some overwhelming need which will cause honourable men and women to practise abortion. Most people will agree that abortion is one of the greatest crimes of the present day. If this is so it is the immediate duty of every self-respecting citizen to try and ameliorate the conditions which lead to such horrors. We hear, and we believe, that the housing conditions play a great part in the causation of these evils. But we cannot wait to have these rectified, because in the meantime millions of unhealthy and undesirable children are being crowded into a world which is already finding the problem of the masses a difficult one to solve.

Public opinion is a weapon which is making itself felt more and more. It is stronger than any law, and we shall find before very long that the man who, carelessly and selfishly,

brings a large family into existence, with no prospect of bringing them up decently, will be regarded as a criminal. If he has no sense of responsibility towards the race, he can have no claim to the privileges and benefits enjoyed by a good citizen.

If England is to remain a great empire, the health of her womanhood is of paramount importance. No woman can produce fine children if she herself is worn and exhausted by too frequent pregnancies and an unending struggle against overwhelming odds.

Due regard must be paid to the perpetuation of the race, but it is equally important that the well-being and the perpetuity of the individual shall be remembered, and in this case the individual is Woman.

The practice of Birth Control (or Conception Control as some people prefer to call it) is universal in some form or another. It is, therefore, of the very greatest importance that those who are asked to advise the community should be conversant with every form of contraception. Wide experience extending over many years is the only justification for undertaking the responsibility of advising the individual on this overwhelmingly important subject of sex, intimately bound up as it is

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with Birth Control. The opinion of experience is the only one worth having.

The unconsidered statements of those who are antagonistic to the practice of Birth Control can do incalculable harm to the race ; and by fighting against a tendency which is not only inevitable, but altogether beneficial, they blind themselves to the advance of civilization.

Those of us who have devoted years to the serious study of Birth Control in all its aspects, have no hesitation in saying that contraception should be employed to fight abortion and other harmful methods of restricting the size of families.

A distinguished German economist asserts that the chief cause of the superiority of a highly civilized State over lower stages of civilization is precisely a greater degree of forethought and self-control, in marriage and child-bearing. Instead of talking about race suicide, we should do well to observe at what an appalling rate, even yet, the population is increasing ; and we should note that it is everywhere the poorest and most primitive countries, and in every country the poorest regions, which show the highest birth-rate.

The subject of marriage is one which affects both the individual and the community. It is

an unfortunate circumstance which has brought about "delayed marriage," a marriage which has been postponed again and again because the young people have saved enough money to keep two, but are unable to face the possibility of having to provide for what might be an unlimited number of children. The result is disastrous to any country. It means few early marriages, and a distinct lowering of the health standard. The man is straining every nerve to work harder and to save every penny, so that marriage and its responsibilities may be possible before his youth disappears. The girl, possessed by the same anxiety for the future, fears to take the risk, and the best years of her life are passed in straining to earn and save enough money to enable her to marry. It would seem that anything which would promote early marriages among healthy, intelligent young men and women would be a blessing to the race and to society. In many cases these early marriages are unquestionably prevented by the fear of inadequate means upon which to bring up a family.

The other side of the picture is the marriage which has taken place without any thought for the future, no provision even for the present, and in which frequently one or both partners

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are stamped with disease or are mentally deficient. Such a couple are free to reproduce their kind to an unlimited extent, and sooner or later the woman loses the little health she had, and becomes a burden on the State for the remainder of her existence. Our prisons, asylums, and hospitals are increasing in numbers, and their accommodation is never too great. It should be considered a disgrace to have so many children that they must be sent out to work in mills and shops, etc., or become a charge on the State. An English writer has said that it used to be thought that small families were immoral. We now begin to see that it was the large families of old which were immoral. The excessive birth-rate of the early industrial period was directly stimulated by selfishness. There were no laws against child-labour, children were produced that they might be sent out, when little more than babies, to factories and mines, to increase the income of the parents. The diminished birth-rate has accomplished higher moral transformation. It has introduced finer economy into life, and has lessened death, disease, and misery. It is indirectly, and even directly, improving the quality of the race. The very fact that children are born at longer intervals is

not only beneficial to the mothers' health, and therefore to the children's welfare, but it has proved to have a marked and prolonged influence on the physical development of the children.

Thus diminution in quantity is associated with augmentation in quality. Quality, rather than quantity, is a racial ideal. The increase of knowledge and the sense of responsibility towards the race should enable men to act in accordance with responsibility. The leadership in civilization belongs not to the nation with the highest birth-rate, but to the nation which has learned to produce the finest men and women.

Since Birth Control is practised and will continue to be practised, it is the duty of the medical profession to consider the methods already in existence and their relative values.

The methods in use are of two kinds—bad and useless, good and efficient. There are only seven all told.

1. The time check, or "safe period," is perfectly useless, for spermatozoa can live for over a fortnight in the passages, and have been found at operation in the Fallopian tubes seventeen days after coitus. There is no agree-

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ment as to the "safe" period—when it occurs in the menstrual cycle or how long it lasts. Those who advocate this method must know that they are talking nonsense.

2. Coitus interruptus, or withdrawal, is a useless procedure, since it can be proved that the drops of clear fluid which collect at the end of the urethra soon after erection often contain spermatozoa. From the first moment of the marital act, therefore, spermatozoa may begin to escape from the urethra into the vagina. But the great objection to this method is that, like masturbation, it involves the loss of a quantity of an albuminous fluid containing something which has a soothing effect upon the mucosa of the vagina and without which the individual does not experience that rest and feeling of repose which Nature provides in abundant measure if her laws have not been tampered with. Further, it seems likely that the vagina *does* absorb something from, or some part of, the semen ejected into it. This may account for some of the good effect which regular and natural intercourse has on the physical and mental health of married people who are able to obtain a regular supply of semen under normal circumstances. Put in other words, it is likely that semen contains not only a sedative,

but a hormone, promoting growth and development.

3. The use of india-rubber sheaths may be tolerated in cases of coccal diseases, of non-specific urethritis, or gouty gleets, not to mention the three familiar forms of venereal disease. It is open to three great objections : (1) Sheaths tear, (2) there is no real union, and (3) the valuable albuminous secretions of the testicle and prostate are wasted.

4. The rubber cap pessary is not always very easy to fit, especially if the vagina is unduly long. But if the cap fits well, is really flexible, and the suction is complete, it will keep in place as well as a good denture—better in some cases. If well lubricated with a contraceptive fluid it gives very good results.

5. A sponge soaked in some contraconceptive fluid is nearly, if not quite, as efficient as a cap pessary, is much easier to put in place, and is retained nearly as well. Soap and water will do very well if the soap does not irritate.

6. Solid pessaries of cocoa-butter and quinine have long been used. They are fairly efficient but unpleasant to use. They can be made with chinosol instead of quinine, and have no bad effect upon the rubber ; they can be used as a further precaution in addition to the rubber cap

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or the sponge. The soluble quinine pessaries are open to the objection that the quinine they contain may be absorbed from the vagina and give rise to the usual symptoms of a large dose of quinine taken by the mouth, buzzing in the ears, and headache. This occurs only rarely, in very susceptible people, and is obviated by the use of chinosol.

7. The use of " Speton " or " Spermothanton " tablets. These are made in Germany, where they have been used for some years with very marked success. It is perfectly easy to insert them, as they are made with a hollow to fit the finger-tip, they dissolve rapidly, and are not greasy. They contain a disinfectant in sufficient quantity to destroy spermatozoa, but in Germany are used to make lotions for eyes and ears and for gargles, as well as a contra-conceptive.

8. Variable soluble pessaries have been made with glycogelatine and weak antiseptics, boric acid, salicylates, or biniodide of mercury. A very useful preparation is Burroughs & Wellcome Lubofax, a solution of oxycyanide of mercury, 1 in 1,000, glycerine and gum. It is sold in collapsible tubes, and is in common use as a lubricant for catheters and specula. As it is slightly scented it is quite pleasant to use ; it

can be completely removed by a douche as it is not greasy. None of these would appear to prevent the absorption of semen through the vaginal walls ; they would simply sterilize it, and the beneficial absorption of the albuminous secretions would not be interfered with. -

9. Douches are not recommended except as after treatment—the following day. A copious douche of a couple of pints of 1 in 2,000 permanganate of potash in warm water before removing the cap pessary, followed by another pint or so after its removal, will render the vagina clean and free from semen. Whether in the course of years this may lead to a certain hardening of the mucosa of the vagina remains to be seen. If it does, 1 in 25 boric acid would do equally well. This has long been used for mucous membranes elsewhere, and is not known to have any ill-effects.

Some form of check or cap pessary combined with a soluble pessary seems to be the best of these methods, and so far no one who has used this combination with any sort of care has ever yet seen any ill-result follow from it. It is nonsense to say that the comparatively small ring of any form of rubber pessary, Prorace, Patterson, or Dutch pessary has done, or indeed

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can do, any harm to the vagina. Anyone who has worked in an out-patient room, at any rate in the past, has seen rubber-ring pessaries put in for prolapse and worn for many months together. It is true that they become very dirty, but even large rings, two inches across, have been worn for months together without being removed, and little or no mischief has followed. The authorities who have spoken with an assurance of infallibility worthy of the Pope himself or Pythagoras have never yet produced a satisfactory case of injury from these simple methods. Their cases have all been due to the methods described above as useless or injurious, or to other methods long since given up, or never yet successfully introduced in this country, such as the Gold Pin or Wishbone Pessary, or the Ivory Button, a continental method which has spread to America, but has not been generally used here.

There is one statement made by opponents of contraconception which must be considered as it involves a logical fallacy. It is that those who in early life have used contraconceptives become sterile in later life and are unable to have children when they wish for them. This is an attempt to use the argument from silence, which is so familiar in literary criticism when

applied to the age of documents or the credibility of historical writers. If such and such a book had been in existence in the days of such and such a writer he must have seen it, read it, been influenced by it, or even mentioned it. He did not : therefore it didn't exist, and if it purports to have been written before that writer's time it must be a forgery. Now it does not follow that the pair who in later life have proved sterile have become sterile *because* they used contraceptives. One or even both of them may have been sterile *before* they began to use contraceptives. To prove this statement it would be needful to show that both of them were fertile before they began to practise contraception and that after leaving it off one or both of them proved to be sterile with another partner, or other partners, previously proved not to be sterile. Till this is done nothing certain can be said on the matter, except that it is hard to see any physiological or pathological process by which such sterility can be brought about. There are plenty of cases in point which prove the exact opposite, where from deliberate purpose contraceptives have been disused and pregnancy has immediately followed. Proofs of this are known to the writer, and accidental cases of intercourse

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during absence from home have often been followed by not altogether unexpected, though sometimes unwelcome, pregnancy, owing to the absence of the usual preventives.

A collateral advantage of the rubber Occlusive Pessary, and such a disinfectant as Speton, would be to add a valuable protection to the woman against venereal disease, for the cap would protect the cervical canal against gonococci and the vaginal surface of the cervix against Spirochætes. The fluid produced by dissolving a Speton tablet would be a further help, and a copious douche later on would help to free the vagina from both, and also to diminish the risk of infection of the urethra.

VIII

ALETTA JACOBS

M.D., THE HAGUE, HOLLAND.

Aletta Henriette Jacobs was born in 1854 in Sappermeer, a village in the north of Holland. She was the daughter of a medical man, who had advanced ideas on social and political questions, and who educated his eleven children, boys and girls, on terms of equality. From her earliest childhood Aletta wanted to follow her father's profession, in order to improve the conditions of life for women and children. At the age of seventeen, when she was ready to enter the State University of Groningen, she had to struggle against the custom of that time which kept the Universities closed to women. After a valiant fight she was allowed to attend the lectures at the University for one year on probation. At the end of that year she applied to the then Prime Minister of Holland for permission to continue her studies. This permission was granted, and henceforth all the Dutch Universities were open to women. She continued her medical studies at the Universities of Groningen and Amsterdam, and graduated in 1879, at the age of twenty-five. She then came to London for further study.

Here she came in contact with Dr. Charles Drysdale, Bradlaugh, Annie Besant, and other radicals of that period, who exerted a considerable influence on her later life. She had already become convinced of the necessity for Birth Control to protect women whose health rendered pregnancy dangerous, but it was not until 1882 that she found a contraceptive method which was at once harmless, effective, and easy to use.

Dr. Jacobs has attained world-wide distinction as a feminist and as a worker for International Peace.

VIII

ALETTA JACOBS

IN 1879 I finished my medical course and graduated as the first woman doctor in Holland. I started practice in Amsterdam, and soon came into close touch with poor women of the working classes. Before long I realized that these women needed teaching about hygiene and how to take care of their children.

With the help of the Trades Unions Council it was arranged that I should give a course of lectures on the hygiene and nursing of infants twice a week from 4 to 6 p.m. at the Council's headquarters. Very soon I found it necessary to extend the original scheme. I began to attend at the same place two mornings a week in addition, to give free medical advice and treatment to poor women and their babies.

From these women I learnt that they suffered a great deal from too many and too frequent pregnancies, which often, indeed, actually endangered their lives. Careful inquiry con-

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vinced me that if I could advise nothing but sexual abstinence as a means of avoiding pregnancy, my advice would be useless, for in the conditions under which they lived abstinence was impracticable. Many of the women became pregnant regularly every year, in spite of the fact that every fresh pregnancy meant a renewed fight against death, and many of the babies were born dead or with very deficient vitality. Others told me that they kept on having babies regularly every year, although they already had more children than they could provide and care for properly in the economic and social circumstances in which they were placed.

My experience with these poor women of the so-called "lower classes" of Amsterdam soon made me feel that one of the best and quickest ways to decrease individual suffering and unhappiness and to improve social welfare would be to provide harmless and reliable contraceptive knowledge for those who looked forward to the birth of additional children with anything but joy, and the increase of whose families was undesirable both in their own interest and in that of society.

But in 1880 no really reliable method of contraception was known. I began to make investigations, and in 1882 I read in a German

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periodical an article by Dr. Mensinga of Flensburg, recommending the use of an occlusive pessary in just such cases as those I had in mind. I wrote to him, and a long correspondence ensued, in which he very kindly told me how to use the occlusive pessary and sent me some samples.

After using these pessaries in a number of women belonging to different classes of society, and keeping them under observation for several months to observe the results, I became convinced that at last I had found a really harmless and effective method of contraception. I let it be known that I was prepared to give contraceptive advice to patients who desired to avoid pregnancy for medical, economic, or ethical reasons. Poor women could see me without charge at my bi-weekly clinic, which by this time had become known as the "Dr. Jacobs Clinic," at the hours when I treated poor women and children. Soon I began to find from ten to twenty women waiting for contraceptive information every time I went to the Clinic, while in my private practice at least two patients a day came for the same sort of advice.

When I started my Birth Control work in 1882, I did so primarily to prevent illness, to

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decrease individual suffering, and to prevent the birth of children who would handicap both their parents and the community. At this time, of course, I could not know what effect the spread of contraceptive knowledge would have on public welfare, on sexual morality, on woman's position of economic dependence, or in other ways. In theory it seemed to me that it would be desirable in every way, but I had to ask myself if my theory was right, and if I should be able to convince my opponents, medical and clerical for the most part, that I was right and they were wrong.

At the time of writing (1927) almost half a century has passed. Many of the children of those parents whom I taught to limit their families and to have children only when they desired them are now grown up and have families of their own. Nowadays in Holland the knowledge of contraception has become so general that, except in orthodox religious circles, large families are very unusual. And actual experience has shown that forty-five years of Birth Control work has brought about the good results that I expected when I began my work.

From the beginning I realized the gravity of my undertaking. I was not only the only woman doctor in Holland, but none of my

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medical colleagues shared my view on the general status of women, and I realized that I must be prepared to receive, and able to rebut, all sorts of attacks from my opponents. So from the very first I took very full notes of all my cases. I kept a record of each woman's reason for asking me for contraceptive advice, of her previous history, and of her condition when I first saw her. I made a careful pelvic examination and recorded the findings. This careful examination served two purposes: it often brought to light some disorder which had hitherto been unsuspected and which could now be treated before it got any worse ; and if a medical opponent of Birth Control attacked me at any time afterwards and pretended that the occlusive pessary had caused any disease, I had only to look up my records to see whether the disease had really begun after the use of the pessary, or whether it had already existed when the woman first came to consult me. In this way I was able to refute many false charges of harm resulting from the use of the pessary. If I found a woman suffering from any disease or deformity, I advised her to have it treated either by her own family doctor, or if necessary by a specialist ; sometimes I used to give the treatment myself.

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I want to make it quite clear that I never advised any contraceptive method other than this occlusive pessary, and that this is the method generally advised by other doctors in Holland who have followed me. Probably this is why the Mensinga pessary has become known in England and America as the "Dutch" pessary. Holland was the first country to practise scientific Birth Control on a large scale, and our experience of forty-five years enables us to answer the objections which have been, and still are, raised by opponents of the movement.

It is interesting to note that when Birth Control becomes the subject of discussion in any country, when the women of any nation begin to try to make maternity a real boon instead of the burden it so often is, the same old objections are raised that I had to meet forty years ago. It is deplorable that many of the opponents among the medical profession are really inspired by the selfish fear that Birth Control may decrease the number of their patients.

The religious objections are generally based on the supposed Biblical prohibition of Birth Control. But, fortunately, more and more clergymen of all faiths, not excluding the

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Roman Catholics, are advocating the use of contraceptives wherever medical considerations make it inadvisable for the mother that more children be born, and where sexual abstinence within marriage is impracticable, or if practised is likely to lead to extra-marital intercourse.

The first women to come to me were generally those who already had a number of children, and who for some reason, medical, economic, or ethical, felt that they should not have any more.

Sometimes, of course, there was a purely medical reason for contraception, but by no means always. Often the grounds were purely economic. Many of the patients were the wives of labourers, civil servants, teachers, or clergymen, who already had a number of children, and who feared that they would not be able to educate them and bring them up properly if there was any further increase in the size of the family.

But before long others began to come—healthy young women who were recently married or about to be married. The husband or fiancé could not yet afford to keep a family, but they wanted to marry, secure in the know-

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ledge that they could postpone the arrival of babies until their joint earnings had enabled them to save enough to pay for the proper care and education of their children, and to have a little in the bank in case of need. Among these women were domestic servants, factory workers, and middle-class girls employed in offices, shops, or warehouses.

I need not go at any length into the purely medical reasons for contraception. These are very clear, and medical opinion is coming more and more to agree that in such cases every doctor should be able and willing to give the necessary advice. But I will mention two cases from my files which came to me rather on eugenic than on purely medical grounds :—

I was consulted by the wife of a house painter. She and her two babies seemed quite healthy. A year before her husband had been certified as insane and sent to a lunatic asylum. Since then she had worked to support herself and her two children. Now the medical superintendent of the asylum had written to say that her husband was much better and was fit to leave the asylum and return to his occupation. As the husband was coming home

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the next day, she was anxious to know how to avoid pregnancy, because she already had two young children and did not wish to have another until she saw how her husband would get on. I gave her the advice she asked for. A few months later she came again and told me that her husband had relapsed within a month of his discharge and had been compelled to return to the asylum. She was very thankful that she had been able to avoid conception during the time he had been at home.

Different, but equally instructive, was the case of a clergyman's wife who came to me for advice. He was mentally defective, and was in an institution, run by a religious order. The doctor at this institution had advised that the wife should go there to spend a night with her husband. She already had two delicate nervous children, and she was afraid that she might become pregnant again as the result of her visit to her husband. She asked me for contraceptive instruction. I gave her the advice she asked for. A few months later she came to me again in great distress and told me that she was pregnant. She had in-

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formed the doctor at the institution that she was going to protect herself against the possibility, but he and her husband and some of the directors of the institution had protested that such precautions showed a lack of trust in God, and had persuaded her not to use the contraceptive. She was so worried about the mental health of the child she was about to bear as a result of this connection, that finally her own mental condition became so disordered that she too had to be sent to a hospital for nervous diseases.

Now what exactly were the medical objections to contraception that I had to meet? It was alleged that the occlusive pessary caused all sorts of gynæological diseases and disorders. At first these charges could not be refuted, and some people thought that they were well founded; but after the method had been in use over some years in a large number of cases, and doctors were asked to specify exactly what sort of ill-effects had been noticed, and to give particulars of the cases, they were unable to prove their allegations. The charges were always vague—that a woman had experienced *some* sort of ill-effects after using *some* contraceptive method. My careful notes proved most valu-

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able in enabling me to refute many charges of this sort.

The ethical and economic objections were not so easy to meet, for if we were to answer the vague theorizings of our opponents with facts, and not with theorizings as vague as their own, it became necessary to base our replies not merely on our own experience of a few decades, but on the statistical records of population changes. The Statistics Office at the Hague enjoys a world-wide reputation for extreme accuracy, and its annual reports, on which our conclusions are based, are unassailable.

It was frequently asserted that if knowledge of reliable contraceptive methods were generally available, the number of children born would go on decreasing until at last none would be born at all—in short, that race-suicide would be the outcome. Now what is the true position in Holland to-day—more than forty years after contraceptive knowledge was made available? I was able to answer this question intuitively forty years ago. I replied that in every normal woman the desire for motherhood is so insistent that only very grave reasons could lead her to renounce, either partially or completely, the gratification of that desire. I did not deny that contraceptive knowledge would diminish

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the number of *unwanted* babies, but I pointed out that a decrease in the number of unwanted babies was desirable from the communal, no less than from the individual, standpoint.

Now let us examine the statistics for the last forty years. The birth-rate in Holland, as in many other European countries, reached its highest point between 1870 and 1880, since when it has steadily declined. And the decline has not been gradual, it has gone on ever more swiftly. For the decade 1870-1880 the birth-rate for the whole of Holland was 36·2 per thousand, while in 1925 it was 24·2 per thousand. (The 1925 birth-rate was considerably lower in cities where contraceptive knowledge is easily available, and considerably higher in the country, and especially in the two Roman Catholic provinces.) The decline in the birth-rate has not occurred only among the well-to-do classes, as had been predicted by the opponents of Birth Control, but has extended to all sections of the population.

Hand-in-hand with this decline in the birth-rate there has been a fall in the death-rate. Indeed, until quite recently, the fall in the death-rate was even greater than that in the birth-rate, so that although there was *relatively* a smaller number of births each year, the

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actual increase of population became greater annually. For instance, in the decade 1870-1880 the birth-rate was 36·2 per thousand, the death-rate 24·3 per thousand, and the increase of population 11·9 per thousand ; while in 1925 the birth-rate was 24·2, the death-rate only 9·8, so that the increase of population was 14·4 per thousand. And the fall of the death-rate was principally noticeable among children under the age of four years. At the beginning of this century the death-rate of children under one year was 165·45 per thousand, while in 1924 it had fallen to 71·60 (i.e. a little more than 7 per cent.), while during the same period the death-rate of children between one and four fell from 18·42 to 11·75 (i.e. very little more than 1 per cent.).

These figures show that the fear of race-suicide was quite unfounded. Indeed, on the contrary, the population is increasing far too quickly, so that the problem of over-population, which exists in Holland as in most other countries, becomes more acute every year. But we may find consolation in the fact that the death-rate cannot go on falling for ever—it must soon reach the lowest possible limit—and the birth-rate is still falling, so that within a measurable period the population will stop

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increasing, and it is to be hoped that it will do so before it has become an actual danger to the nation. In the meantime some relief for overpopulation will be afforded by enlarging the country along peaceful lines by the draining of the Zuyder Zee, an inland sea, which will afford room for some millions of our people.

What have been the effects on happiness, health, morality, and social welfare in Holland, of the knowledge and employment of contraceptive methods over the last forty years ?

One of the most important indices of national morality, happiness, and health is the marriage-rate. In Holland the annual marriage-rate has increased, and the average age at marriage has become lower, since 1880. This would, of course, have resulted in an increase in the birth-rate if the young couples had not used contraceptive precautions. In 1880 the wife was under twenty-five years of age in 5.90 per cent. of marriages. In 1923 the wife was under twenty-five in 9.06 per cent. of marriages. And the marriage-rate had increased from 7.5 per thousand in 1880 to 8 per thousand in 1923.

One of the gravest objections to Birth Control—and one which is not easy of refutation—is

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the allegation that it would tend to increase immorality, so that extra-marital intercourse would become general. Now I must state quite clearly that, in my opinion, the "morality" of a community is not very high if it is based only on fear of pregnancy, and collapses as soon as contraceptive knowledge is available. On the other hand, I have travelled a great deal in many parts of the world, and I have never found a high standard of morality in countries where the law forbids contraceptive information being given to women who ask for it.

Now what is our experience in Holland, where every grown-up person knows how to prevent conception, or at least where to get the necessary instruction? Has this knowledge increased immorality?

In Holland a young couple can marry as soon as their combined earnings are sufficient to support them, secure in the knowledge that they can postpone the advent of children until they can afford to keep them. They need not wait year after year, subjected to the strain of a long engagement. This facilitation of early marriage adds to the happiness of a nation very greatly.

In every country there are always a certain number of people who prefer extra-marital

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intercourse to marriage. It is impossible to give definite statistics on this point for any country, but it is obvious that in Holland it has fallen since 1880, for the marriage-rate has risen since then. Some people attempt to estimate the number of extra-marital unions by the number of illegitimate children born. This, of course, is wrong ; but, judging by the percentage of illegitimate children, Holland would come very high indeed in the scale of morality. In the last five years only 19·1 out of every 1,000 babies (that is less than 2 per cent.) born have been illegitimate. This percentage is extremely low in comparison with other countries. And the majority of these illegitimate babies are born of Roman Catholic parents.

It is said, though I know not whether it is true, that the small percentage of illegitimacy in Holland is due to the general use of contraceptives. If it is true that contraception has lowered the illegitimacy rate, should not every other country follow Holland's example ? Should we not be thankful that if an unmarried woman has entered into an irregular sexual union, at least her conduct will not result in her becoming an unmarried mother, or in her bringing a wretched baby into a world that offers it no welcome ? Many people seem to

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think that the mother should be punished for her transgression by the birth of a child, but the truth is that the punishment falls most heavily on the child, and that the community has to bear the burden.

Any unprejudiced observer of social conditions in Holland must recognize that this country is one of the healthiest and most moral in Europe. There is no licensed prostitution ; brothels are forbidden by law, and actually non-existent ; the incidence of venereal disease is comparatively low, and the illegitimacy-rate is also very low. In addition, the legal and social status of women is higher than in many other countries.

In my opinion, Birth Control should be applied more and more widely in all countries and in all classes of society, not only or chiefly on medical grounds, but for the promotion and preservation of international peace, for the improvement of the human race, for the increase of family happiness and national welfare, and for the elevation of the status of women. Believing this, I approve of the aims of those societies which carry out propaganda work in the Birth Control movement. But I

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believe that it is very necessary that the actual teaching of contraceptive methods should remain in the hands of medical men and women. But this can only come about if members of the medical profession will support the Birth Control movement instead of remaining indifferent to it, or actually opposing it. They must realize that in all civilized countries there is a tendency towards limitation of population, that it is impossible to check this tendency, and that it ought to be rightly directed by the medical profession, instead of being allowed to flow into wrong channels. For if the medical profession neglect their duty, their place will be taken by nurses, midwives, and all sorts of other men and women who are really incompetent in this matter. When a woman wants contraceptive advice, it is important that she should be given a complete gynæcological examination by a doctor, who will diagnose, and if necessary treat, any disorder from which the patient may be suffering. And why should a doctor feel it his duty to fit a corrective pessary if the woman suffers from a displacement of the uterus, and object to fit an occlusive pessary if temporary or permanent occlusion of the uterus is necessary? Only a bigoted medical man or woman could so object.

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IX

SIR WILLIAM ARBUTHNOT LANE

BIRTH Control has now occupied such an important place in the history of the present age, and has recently made such startling progress, that its discussion cannot be too open, too thorough, or too practical. Since the time that that great pioneer, Bradlaugh, directed the limelight of public opinion on to this subject, up to the present, the study and application of Birth Control by the masses has progressed in a very variable and intermittent manner. At first it was met by the violent opposition of the Churches, and by that of the less intelligent, thoughtful, and far-seeing section of the community. Within the last few years, largely owing to the pluck, ability, genius, and energy of many very capable brave women, of whom Margaret Sanger in America and Marie Stopes in England led the van, it has grown by leaps and bounds. This they effected in spite of bitter

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calumny, abuse, and persecution, but to their lasting credit be it said that no opposition, however virulent or unscrupulous, had any influence on the determination of its advocates to do the best possible, not only for the female sex, but for mankind in general.

Nothing was more disgusting or disabling to the community in general than was the teaching of many of the credal Churches that men and women should propagate their species indiscriminately. Monogamy has rendered such propagation possible, indeed, in the opinion of many, *necessary*, for the health of the husband. To the native, living in his natural surroundings, *marriage was a real sacrament* ; it took place in order to provide the tribe with efficient offspring, who would later develop into excellent fighters, hunters, or cultivators of the soil, or into women capable, not only of bearing children, but also of supplying them with such food as is essential for their perfect development. Their women, as soon as they became pregnant, ceased to have any sexual relationship, and this state, rendered possible by polygamy, was sustained till the child was fully developed and able to share in the food of the community. Such a state of perfection is very difficult, if not impossible, with monogamous races. For

that reason alone, the types one sees everywhere in civilization compare most unfavourably with those in the conditions existing in vigorous native tribes living on the produce of the soil, in spite of their frequent poverty and of the difficulty which they may experience occasionally in getting sufficient food. At the present time all conscientious, intelligent, educated people exercise Birth Control, using some means or another to obviate pregnancy, while interfering as little as possible with the satisfaction derived from the act of intercourse. Various measures have been adopted to reduce the risk of pregnancy to an absolute minimum, but up to the present none has been devised which is absolutely fool-proof, or which will meet with various abnormal conditions. It is not difficult to realize what will be the result of the discovery of a certain preventative, or of an absolutely reliable abortifacient free from risk to life, which shall be readily accessible to the masses. It is highly probable that the discovery of one or both is likely to occur at any time, if indeed the latter is not already known to a few. What will be the results of such a discovery, not only on marriage, but also on the relation of the sexes in general? That it will produce a tremendous and far-reaching effect is thoroughly

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recognized by every thinking person, and when it arrives it will become the duty of the moralist, the philosopher, and the politician to handle the subject in such a manner that mankind in general will benefit and not suffer from it. The great disparity in the balance of the numbers of the sexes, accentuated and aggravated by the Great War, the more enlightened education of the women on sex matters, the freedom from parental control and from such ties as were afforded by the influence of religious beliefs which have rapidly lost their hold on the people, will effect a revolution of a momentous character in the relation of the sexes to one another and in morality generally. This subject cannot be ignored, but must be faced boldly by all classes of the people. When one hears of large sections of the various Churches regarding sympathetically trial or companionate marriages as possibly effective means of combating the misery, incompatibility, and divorce, so frequently associated with marriage as it exists at present, one cannot but feel that this question is one that calls immediately for the fullest consideration. It cannot be burked. Those in close touch with the people must be amazed at the attitude which is taken up by a number of intelligent, sympathetic, and broadminded

mothers, who have daughters eating away their hearts, suffering from sex repression without the least chance of their entering into the state which is called "holy matrimony."

The discovery of a thoroughly reliable preventive, or an abortifacient which will involve no risk to health or to life, will act like a bomb-shell, dissipating old ideas and customs, and altogether modifying and altering the lives and habits of the people. Whether this will be "for better or for worse," as the spiritual teachers describe it, time alone will show. It is the duty of those who are educating the people to deal with this subject in a scientific and eugenic spirit, realizing that the masses require careful and yet simple education in such matters.

The argument that it is essential to provide an abundant race, either as workers or as cannon fodder, does not impress one forcibly, since, as time goes on, manual labour is rapidly being replaced by machinery, and warfare will in future be carried on, not by large bodies of men, but by terribly destructive engines and methods which can be controlled by a very small number of highly trained experts.

The reign of cant and hypocrisy and the influence of Mother Grundy are going to cease

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abruptly, with probably an immense addition to the happiness, health, and well-being of the community and of the world in general.

The question of the reproduction of the species is essentially one for women, and it would seem highly probable that when invested with great political power, owing to an increase in the franchise, they will express their opinion very clearly, and will see that their views are carried into effect. At the present time a woman may have any organ in her body removed, yet any attempt to part with an impregnated ovum is regarded as criminal, and is dealt with as such by the law. It is a matter of common knowledge that abortion is performed frequently at the present time, usually under very unfavourable conditions for the unfortunate woman, who may be exposed to very serious risk to her health or to her life. It is well to recognize that laws have previously been made by men for women, who have never been consulted in the matter. Do these laws meet present-day conditions satisfactorily?

x

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X

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THE question of Birth Control, or rather of certain particular modes of Birth Control, is being most violently controverted at the present time. The bitter feelings which appear to be engendered are indications of the importance of the subject. Yet it should, surely, be possible for us to consider the questions in dispute in a scientific frame of mind, without heat, and without imputing unworthy motives to those who may happen to differ from us. The subject may be discussed, and is discussed from many different points of view, religious, social, ethical, economic, medical. All these are closely bound together, and psychology is involved with them all. We cannot consider any one of the others without coming to the psychological aspect. So I shall be obliged to mention that aspect, although it is more fully and more adequately dealt with by other contributors to this volume.

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The whole subject is inextricably involved with our strongest taboo, that of sex. Many, probably all, people suffer from some degree of conflict on the topic of sex. The existence of this conflict vitiates nearly all the published work on the subject. There is a movement to-day for the imparting of what is termed "sex enlightenment." It is held, quite truly, that many people are most grossly ignorant of this most vital subject. Much so-called knowledge on sex matters is obtained in a most undesirable manner, and is entirely erroneous. Various classes of people, parents, teachers, the clergy, doctors, are suggested as being the proper persons to impart the desired enlightenment, many of them being quite as ignorant as are their potential pupils. Books are published which purport to impart sex instruction. There was in my younger days a clown at the Hippodrome, who delighted the audience by his preparations for doing an enormous amount of work, ultimately doing nothing. With a few exceptions, the books which I have just mentioned remind me of the antics of this worthy entertainer. They announce that they intend to deal with the subject in a fearless manner. On reading them, we find that they do nothing of the kind. The sex taboo, aided by the

resulting conflict, prevents. A person perusing these books, say a man or woman about to be married, and anxious to obtain some knowledge about what so vitally concerns him or her, would generally be in a worse state of mystification than before. It is most desirable, it is highly necessary, that sex instruction should be sanely and clearly imparted. Ignorance on this head, due to lack of such instruction, is responsible for much that is deplorable. But unless such instruction is really given plainly, matters are only made worse, and the sex conflict, which always exists, is but accentuated.

Now Birth Control has been practised from time immemorial. There has, perhaps, been no period in the history of the world at which this practice has not been carried on. But the methods adopted have been of very varied nature, and it is necessary to consider some of them.

A. *Infanticide*.—This was practised among many ancient races. If history speaks truly, Sparta was an instance. Some more primitive races make use of this method to-day. But we are not concerned to consider its direct application here. For no one, so far as I am aware, advocates any system of direct destruction of unwanted infants. What we now do is to carry

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out this process in an indirect and irregular manner. It is notorious that there is an unduly high rate of infantile mortality, this being the more marked the farther we descend the scale of industrial remuneration. To some extent, this national reproach has been mitigated by improvements in our public health service. But no one can doubt that the mortality is, in great part, due to the conditions under which the lowest paid class of workers lives. That anyone can condone this infant mortality, while objecting to Birth Control, seems simply amazing, and furnishes us with an example of the way in which familiarity with facts can blind us to the true meaning of those facts. Nor can the reproach be removed by the casual talk, which we sometimes hear, about "Nature's way of getting rid of the unfit." After making all possible allowance for difference in standard of comparison, there can be no doubt that the conditions under which a large proportion of our industrial population lives are nothing less than appalling. The miserable housing arrangements, the dirt and squalor, the absence of facilities for recreation, the underfeeding necessitated by low wages, constitute a terrible indictment of modern civilization. The pathetic remark that he "is

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well out of it," which is made on the occasion of a child's death by neighbours, and sometimes by the child's own mother, is an indication of the way in which the situation is regarded by those who are directly subjected to it. There are certainly disadvantages which appertain to the position of an only child. There may be advantages in being a member of a large family of children. But these advantages are not to be found among the classes to which I now refer.

And in this connection the case of the mother of the family must not be overlooked. It is more than likely that no one who reads these observations is fully able to realize all that a woman of the industrial classes has to put up with. When she has, in addition to her unavoidable difficulties, to contend with the difficulties produced by constant child-bearing, by inability to have proper rest before and after her confinements, and by the constant and wearing duties involved in the care of a large family, all of which duties devolve upon her alone, then her position is indeed unenviable.

A large and an increasing population has been desired for various reasons. National rulers who aspired to military glory, or who feared military aggression on the part of their neighbours, have wanted an ample supply of "cannon

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fodder." It is even said that Frederick the Great of Prussia had schemes for the official breeding of potential soldiers. But it is probable that "man-power," calculated merely by reference to numbers, is of less value than is generally supposed. Not *how many men have you*, but of *what quality are they*, and to *what use do you put them*, is the vital question. It may even be that too large a supply of men is an actual disadvantage, in encouraging unwise leaders to undertake foolhardy exploits. We are told that the next war will be a struggle of nations. It does not follow that the most populous nation will be victorious. Rather does it seem likely that victory will go to that nation whose scientific preparations are the best.

Again, the rulers of a nation which has large colonial possessions may desire men for the colonization of those possessions. It may be urged that our own country is in that position. But our great overseas dominions exhibit no undue anxiety to relieve us of our surplus population, even if that population showed any widespread desire to emigrate. It is the quality rather than the quantity of immigrants that the dominions consider. They have their own problems, of urban over-population and

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of precarious employment, to face. These problems would be but accentuated, were they to receive new-comers with open arms. Such an unlimited influx could only serve to depress the existing standard of living.

Once again, there have been periods in industrial history when employers of labour have desired an ample supply of a cheap variety of that article. The results of this have been graphically portrayed by various authors writing in the early part of the last century. And official publications of that time show that the descriptions were all too accurate.

Once more, it is possible to conceive a pastoral state of affairs in which the possession of a large number of children is an actual asset to the father thereof. The proverbial happiness of the man who has "his quiver full" of children may refer to such an era. We may note that the mother is not mentioned. It does not follow that such a man was justified in begetting an unlimited number of children. Whether the happiness extended to the children may, perchance, be doubted. We hear much about the desirability of living in what is termed a "state of nature," and of the evils of "interference with Nature's processes." "Nature" and "natural" are awkward terms to play with,

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and we may find ourselves in grave difficulties if we unduly personify Nature. Actually, any one state, if we are living in it, is as natural as any other state. But if by living in "a state of nature" is meant living in primitive and comparatively savage conditions, then I would reply that we cannot live in those conditions, and that we have no desire so to live, even were we able to do so.

B. Artificial Sterilization.—This has been adopted, as a mode of Birth Control, in various countries, and is still, I believe, practised by the aborigines of Australia. It is not now advocated as a direct method of Birth Control on any large scale. But we occasionally hear proposals made for the sterilization of those whom the authors of these proposals term the "unfit." It has been suggested that epileptics, mental defectives, and habitual criminals should be sterilized. There are parts of the United States of America in which statutes exist which allow this process to be carried out under legal sanction. But, with the possible exception of one State, these laws appear to be a dead letter. Sterilization does not necessarily imply castration or the removal of the ovaries. Vasectomy, and the use of X-rays in the male, and tying the Fallopian tubes in the female, have been used

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for this purpose. But we need not further consider these proposals ; their adoption is not practical politics in this country, and it is doubtful whether they would achieve the object which those who suggest them have in view.

C. *Abortion*.—This, again, is a very ancient practice. It was, clearly, a custom common in classical Greece, for one clause in the Hippocratic oath forbade it to the young physician. It is, of course, largely used in our own industrial districts. Those who submit themselves to its performance are by no means always single women who have been seduced and deserted. But no one, so far as I am aware, has ever proposed the legalization of abortion.¹ We may merely note that, in spite of its grave dangers, it is now used as a mode of Birth Control.

D. *The Postponement of Marriage to a Late Age*.—This was the mode of Birth Control advocated by Malthus. We may note, in passing, that Malthus is usually credited with the enunciation of the principle that “ population always tends to increase faster than does the means of subsistence.” Certain eminent economists, however, consider that a more

¹ EDITOR'S FOOTNOTE.—It is actually legal at the present day in Soviet Russia, and a growing body of opinion is in favour of its legalization in this country.

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correct statement of Malthus's view may be put in the words " population has always tended to increase faster than the means of subsistence " ; this latter being a statement of what Malthus regarded as a hitherto observed phenomenon rather than an enunciation of a law of universal application.

Delayed marriage is largely adopted by the men of the professional classes in this country. It is open to grave objections. It involves either much repression, or the encouragement of prostitution and irregular unions, or the adoption of practices to which many people object quite as strongly as to contraceptive measures. There is a high probability of the children of the marriage being left fatherless before they have attained anything like full age. There is a likelihood of the wife being considerably younger than her husband. To substitute the " wife of your middle age " for her of your " youth," in whom man is told that he should " rejoice," involves just as great an " interference with nature " as do any of the contraceptive practices to which objection is taken. But all our present social arrangements weight the scale heavily on the side of this particular practice, so far as professional men are concerned.

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Even when earlier marriage is adopted, many a young married couple would gladly have children, were they not haunted by the terrible fear of being unable to provide for those children's maintenance, not in luxury, but in the most modest comfort. This, however, is a matter which society could easily rectify, were it really anxious to do so. Raise official salaries for young professional men. Lower the burden of taxation which now weighs like lead upon them. And it is probable that the professional classes would produce enough children to satisfy even Professor William McDougall, who contends (and far be it from me to say he is wrong) that these classes form the flower of our population.

The professional classes are sometimes charged with selfishness in this matter. Surely the selfishness is on the other side. Parents will always claim the right to decide how many children they will have, and under what circumstances the said children shall be brought up. Further, the child cannot be consulted on the subject of his birth. Children used to be, and perhaps are now, told that they owe gratitude to their parents for having bestowed the gift of life upon them. Life may, or may not, be regarded as a boon for

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which gratitude is due. It depends upon the individual point of view. But one thing is certain. No child should be born unless his parents welcome his arrival. A child may resent, and sometimes does resent, having been born. He certainly has a good right to resent his birth, if that birth was not desired by his parents.

E.—Between these plans and the use of contraceptive methods in the strict sense, and it is these methods which are now the subject of controversy, there lies a middle course, namely, the avoidance of sex relations in marriage. This course has the blessing of certain ecclesiastical authorities, who have always been inclined to look with some suspicion on marital relations. Indeed, many people regard voluntary celibacy as one of the highest Christian virtues. On the other hand, theologians have laid it down that either party to the marriage contract owes a "debt" to the other. The instructions given by some theological writers, as regards the conditions under which this debt may be claimed, and paid, form very interesting reading. The ecclesiastical view is, of course, the outcome of ideas as regards the value of asceticism. Most religions have tended to introduce the idea of asceticism. And the very

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marked tendency in early Christianity was, no doubt, in the nature of a reaction from pagan licence. At any rate, there was a distinct inclination to regard marriage as a concession to lower human desires.

Young men are, most properly, urged to live in complete continence prior to marriage. All the available scientific evidence indicates that in the English-speaking races, and among the professional classes, the majority of men do so live. There is no evidence, and nothing but vague assertions, as regards other classes of society. This continence demands much repression. It may be said that under any conceivable civilization there must be such repression. This is true. But whether harm will result from this repression will depend upon the degree to which the repressed energy can be sublimated, can, that is, be turned into other directions.

When marriage is undertaken, the difficulty of sublimation is greatly increased. A man and a woman enter into the most intimate relation imaginable, all our customs tending to emphasize the intimacy of the relation. Some degree of repression there must be. Some of the repressed energy can be sublimated, but not all can be so dealt with. Whether harm will

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result depends upon the degree of the possible sublimation. The harm which may result varies in degree, from transient restlessness and irritability, to the establishment of the most profound psycho-neurosis. All kinds of anti-social conduct may be occasioned in this way.

For any understanding of this subject, it is essential to comprehend that the wife should not be, and in normal women is not, a passive party in the marital relation. The view that she is so passive is somewhat widely held, and is entirely erroneous. It has been set up by certain feminists, no doubt as a defence reaction, and not without some reason. But a normal woman has a sex life of her own. The requirements of the wife are not necessarily identical with those of her husband, but they need not be incompatible with, and still less need they be antagonistic to his.

It is also necessary to realize that the sex act is not a purely physical matter. That it is purely physical is a widely held view, and is responsible for an immense amount of misunderstanding on this matter. Physiological considerations enter into the act. And there are also many important psychical components. These psychical components are much more important than are the anatomical and physio-

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logical. It is probable that all the repressed fantasies of the various stages of the individual's development are represented in the sex act, the fantasy of supremacy, of the ideal companion, of the team, etc.¹ All these fantasies should normally be gratified, and if any of them are not so gratified, there will, so far, be unsatisfied desire. Further, there are bisexual elements in every individual, man or woman. The extent of this varies in different persons. But what we may term the homosexual element must be satisfied, as well as the heterosexual element. The most dominantly masculine man has some feminine components, satisfaction of which will gratify him. And so we see that the sex act is an exceedingly complicated matter. It is not necessary to enter into any details as to its performance. Suffice it to say that it should not be preceded, accompanied, or followed, by any feeling of anxiety, fear, or regret. This is of great moment. It must be impossible for a woman to find satisfaction in an act which she fears may result in an undesired, or even hated pregnancy. Such a fear is certain to affect injuriously her relations with her husband, and is a fertile source of marital unhappiness. It is

¹ *Vide Ferenezi, Contributions to Psycho-Analysis ; essay on the " Development of Reality."*

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difficult to believe that any but a very degraded type of man can enjoy putting his wife into this state of dread. And neither party can obtain full satisfaction when they fear, often with most excellent reason, that they are unable to afford a child.

It is necessary to point out that the choice to-day does not lie between the use and the complete non-use of contraceptive measures. The use of these measures is widespread, and of some of them the use could not be prevented by the most drastic legal prohibition. But one of the most widely used methods (that known by the name of "coitus interruptus") is exceedingly deleterious to both parties, and is a frequent cause of all kinds of ills. Some of the mechanical appliances, sold at an exorbitant price, by unscrupulous dealers, to women of the working classes, are not only useless for their ostensible purpose, but are actively harmful.

The task to-day is to increase the knowledge of the better methods, and to place them at the disposal of those who may wish to employ them. After all, no one has ever proposed that the employment of contraceptive methods should be made compulsory.

One objection which is taken to the use of contraceptive methods is that their general

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adoption will result in a great increase in sex promiscuity. The possible abuse of anything does not, of course, render its proper use unjustifiable. But I do not desire to minimize the objection just mentioned, which must be duly weighed. It bases upon psychological considerations. It is held that the fear of a possible pregnancy deters many young men and women from sex relations, who would so indulge were they relieved of that danger. Fear is a possible foundation for an ethical system, but it is a poor foundation. Of all evils which have cursed mankind, fear is the very worst. I doubt, also, whether the objection is so powerful as some are disposed to believe. The important factor in any deterrent system is the certainty, or otherwise, of the infliction of the penalty. If it is known that other persons commit punishable acts, and yet escape the penalty, much of the deterrent effect of the system is lost. Each thinks that he will be among those who escape. Nor must we forget that legal systems which have assigned drastic penalties for sex immorality have not always attained their desired object, rather the reverse. The whitened bones of many a law-maker lie along that road.

Those who enter into the married state enter

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into the most difficult relation in the world. It is probable that, on balance, happiness has resulted from the institution of marriage. Certainly no even tolerable alternative system has yet been devised. But the other side must not be overlooked. Much trouble results from the institution. No one is without experience of that fact among his friends. To the physician such examples crowd to memory. Some of the trouble is unavoidable. But some could be avoided. It is only the physician with psychological knowledge, and with experience in dealing with the sorrows of mankind, who realizes the full extent of the evil, and yet can see a prospect of much of that evil being obviated. There are two steps which we may aspire to take. We may see to it that no one enters into marriage without a full comprehension of what he or she is undertaking. Ignorance of the conditions of a contract would be deprecated in any other department of life, and most especially so if the contract was to be made for the whole of the contracting parties' joint lives. We may also take pains to ensure that no unnecessary difficulties are allowed to enter into marriage. It is our duty as students of sociology, and as physicians, to assist people to achieve the things that appertain to their peace.

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XI

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IN the main stream of Birth Control thought two distinct currents are discernible. The one approaches the subject primarily from the social and racial standpoint, and sees in Birth Control chiefly a means of regulating the general birth-rate and controlling the propagation of the racially unfit. The other regards Birth Control principally in terms of the individual, and considers it mainly a means of regulating the births in the individual family, making parenthood a matter of choice rather than of chance, and conserving and improving the health and welfare of parents and their offspring.

In the United States the Birth Control movement, which dates from 1912, gained its first impetus from the latter standpoint. It emerged primarily as a response to the needs of the distressed and overburdened mother. Margaret Sanger and her associates, convinced of the fact

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that an enormous amount of illness, poverty, misery, and privation was traceable directly to too large families and to the inability of the mother to space births, began to advocate the dissemination of contraceptive information. This humanitarian outlook served as the initial stimulus for the growth and development of the movement. Soon, however, it attracted to itself sociologists, economists, eugenists, and other scientists, who realized that Birth Control was a pivotal and vital social question ; that the welfare of society and the race depended to a large extent upon the problems of population. And to-day Birth Control is not only gradually becoming a part of the programme of organized humanitarian activities, but it also occupies an important place on the programmes of every scientific endeavour to aid in the solution of the pressing problems of mankind.

However, though the support of humanitarians and scientists is invaluable for the organized movement, theirs is not the underlying motive that actuates the demand of the ordinary individual for Birth Control. Among the general population racial consciousness is as yet but very little developed. The average individual is interested in contraception chiefly from a personal or a family point of view. It

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is their own individual problem, the possibility of overpopulation in their own family, the vision of economic distress for the present and the coming children, or the health of the parents, that finally decides a couple whether to permit or prevent a pregnancy. This individual viewpoint has contributed largely towards stimulating an interest in Birth Control ideas.

The extension of the Birth Control movement and the dissemination of contraceptive information in the United States, even among physicians, has been greatly hampered by prohibitive Federal and State laws. The Federal postal law of 1873 classifies contraceptive literature and contraceptive supplies with "obscene, lewd, or lascivious" material, and makes them non-mailable within the United States. The wording of this statute is quite picturesque and worthy of quotation: "Every article or thing designed, adapted, or intended for preventing conception . . . every article, instrument, substance, drug, medicine, or thing which is advertised or described in a manner calculated to lead another to use or apply it for preventing conception . . . every written or printed card, letter, circular, book, pamphlet, advertisement, or notice of any kind giving information directly or indirectly where, or how, or of whom, or by

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what means any of the herein-before-mentioned matters, articles, or things may be obtained or made . . . or how or by what means conception may be prevented . . . every paper, writing, advertisement, or representation that any article, instrument, substance, drug, medicine, or thing may or can be used or applied for preventing conception . . . is hereby declared to be non-mailable matter. . . .”

This statute, though it is not strictly enforced and individual infractions are common, effectually prevents regular and dependable dissemination of Birth Control information, not only among the laity, but even among scientists and medical men. Few articles on contraception have appeared in American medical literature, and only recently the editor of a well-known medical journal returned a paper on contraception which I had read before a State Medical Society because he found that “the journal would be unmailable with this article included.”

Since the postal law is nation-wide, it is a very serious handicap to scientific contraceptive work throughout the Union. A further handicap exists in many States, which supplement the Federal statute by State laws proscribing the dissemination of contraceptive knowledge by

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teaching, by advertisements, by sale, or by other means. One State even prohibits the *use* of any drug, medicine, or appliance for prevention of conception, though how this law can be enforced it is difficult to imagine. There are States, however, which have no prohibitory statutes, or else exempt from the prohibition medical practitioners, druggists, and surgical supply houses, and it is in these that the development of scientific contraceptive work and the establishment of Birth Control clinics has taken place.

At the present time there are several Birth Control centres in the United States. The oldest is the Clinical Research Department of the American Birth Control League in New York City. There are also clinics in Chicago and in California, and others are at present being organized in various States. A few hospital clinics also do some contraceptive work. The New York and Chicago clinics have been functioning for some years, and reports of their work and experiences have been issued from time to time.

The Clinical Research Department of the American Birth Control League was the first centre in the United States. It was organized with a double objective: to give contra-

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ceptive information to women, and to carry on research in methods of contraception. The Centre is now in its sixth year, and during this period has advised over six thousand women.

The law of the State of New York is restrictive : it permits the giving of information " for the cure or prevention of disease " only. Women who ask for advice for economic or social reasons cannot be treated. There is a slight latitude given the physician in interpreting the nature of the disease which may be cured or prevented by contraceptive advice, but even so, many cases who should receive information for other than health reasons must be turned away. An effort is being made to change this law so as to make it legal for the physician to give information to any married person who applies for it, but there is no prospect of this change going into effect in the near future, as it is strenuously opposed by the representatives of the Catholic Church. In 1925 it was also, curiously enough, opposed in the legislature by the official representative of the State Medical Society, but medical opposition in this as in the other States of the Union is decreasing year by year, and there is a rapidly growing body of physicians who give sympathy

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and active support to the Birth Control movement.

Work in a Birth Control clinic and intimate contact with women who apply for contraceptive advice impresses one with the fact that most of these women desire this information, not for purely selfish reasons, and not merely because they wish to avoid the pains and responsibilities of child-bearing; these women wish to employ or do employ contraceptive means either because they are physically unfit for pregnancy, or because they wish properly to space the births of their children. They want to recover fully from former pregnancies, and to be in a fit physical and economic condition before undertaking further duties and responsibilities as parents; they want to be able to give to their children born, and to be born, the best possible heritage, care, and upbringing.

Most women seeking Birth Control advice are eager to explain that they wish to use preventive means only temporarily, until they are in a better physical or economic position to have children. Very often a patient discontinues contraceptive precautions when her health and family conditions have so adjusted themselves as to warrant an addition to the

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family. A recent letter from a physician clearly illustrates this point :—

This is to introduce Mrs. F. . . ., of. . . . Mrs. F. . . . has had two miscarriages. During one of her pregnancies she developed eclampsia. After consulting with another physician, we deemed it unwise to allow her to become pregnant for some time. Both she and her husband are anxious to have children, and we are building her up physically so that she may have a normal pregnancy in the future. I would appreciate it very much if you would advise and do anything you think necessary to keep her from becoming pregnant for a period of nine months to a year.

It may be interesting to note more fully some of the reasons why women apply for contraceptive information. A large number of women ask advice because of some disability, physical or mental, which makes child-bearing, or further child-bearing, distinctly dangerous to them. To this class belong patients who are afflicted with cardiac or renal diseases, with tuberculosis, diabetes, exophthalmic goitre, contracted pelves, venereal diseases, etc. Pre-marital examinations are very infrequent as yet, and many of these women do not become aware of their disability until after marriage, when the serious nature of their ailment is frequently only accidentally discovered during a physical

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examination for some minor condition. They are then warned by the attending physician against pregnancies, but rarely are they instructed on how to lead a normal marital life without constantly running the risk of conception. Many of these cases are now referred to a Birth Control clinic for information. It is an indication of the growing medical interest that over 20 per cent. of the patients advised at the Clinical Research Department during the last two years were referred to us by physicians and hospitals.

Some women seek contraceptive advice not because they themselves are ill, but because of some disability on the part of the husband. The husband may be suffering from some chronic disease, such as tuberculosis, syphilis, or some mental defect, which might affect the offspring. The wife does not want to leave him, but she is unwilling to bring forth children under such circumstances. Or he may suffer from some disability which renders him incapable of supporting even a small family with any degree of success. Disabilities of this type may be due to any chronic ailment, to permanent injuries, and particularly to chronic alcoholism, drug addiction, or delinquency. About 10 per cent. of our cases represent this

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type of patient. The husband under these circumstances is frequently quite irresponsible ; he refuses to employ any preventive means, but makes normal, and oftentimes even abnormal, sexual demands upon his wife. Some of the life histories of these women are extremely pathetic, and this class of patient is a most convincing argument for the urgent need of preventive means, and especially means which can be employed by the woman herself.

Many women apply for contraception during the period of their menopause. The child-bearing period of a woman generally extends from the age of about sixteen until that of about forty-five, when the menopause sets in. This period usually extends over one to three years. Menstruation does not cease suddenly ; it gradually diminishes in amount and in frequency, and the menstrual periods become very irregular. This is a particularly trying period for the woman, for with the recurring irregularities of her menstrual flow she is always in a state of apprehension about conception, and while pregnancy does not frequently occur at this time, it is possible, though from a biological and social view-point it is rarely desirable. Physiologically the woman is

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already showing the effects of the degenerations which accompany the climacteric. The life forces are at an ebb at this time ; signs of decadence appear, largely perhaps on account of the senile and atrophic changes taking place in the endocrine system. Many endocrinologists and psychologists claim that a child born at this period may show evidences of physical and mental defects. The use of contraceptives is definitely indicated in these women.

The majority of women who come for information are mothers of many children, some of as many as seven, eight, or more. Although their reproductive period is not at an end, they feel that they can no longer go on bearing and rearing children, or else that the children must not come so fast. They are physically and mentally exhausted with the tremendous task of bringing up a large family. Needless to say, the economic conditions of such families are seldom such as to permit them to live in any degree of comfort. Many of these women are referred to the clinic by social service organizations and workers, who are impressed with the utter helplessness and dire distress of these over-large families. Already many family case agencies recognize Birth Control as an essential

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factor in the successful treatment of dependent families.

The self-supporting, recently married woman is also an applicant for advice. Her husband's income is insufficient to support both, and at the same time enable them to establish a home, and the wife intends to continue her employment for the first year or two of married life. Or she may belong to the rapidly increasing class of women who do not wish to be economically dependent. Husband or wife, or both, may be students, preparing themselves for some chosen career and life-work. For any of a number of valid reasons they decide not to wait until the completion of their studies, but to be married sooner. The birth of a baby during the first year disrupts all the plans of such a couple. The wife must leave her occupation or give up her studies. The husband, in order to provide for the family, now must also leave his studies and obtain some remunerative position. The results are a permanent change and dislocation in the life and work of these people. These cases are not merely theoretical. We meet them constantly in our daily experience. Personally, I am of the opinion that during the first year of marriage, and often even during the first two years, when so many adjustments in

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the social and individual life of the married couple are taking place, pregnancy should be avoided, unless both parents are desirous and eager for a baby.

It is difficult to understand what solution the opponents of scientific Birth Control would offer to the problems presented by any of the groups mentioned. The stereotyped reply is, "If a couple does not desire to beget offspring, let them use self-control," by which they mean abstinence from the sex relations except for the purpose of procreation. Such a solution could only be suggested by those who know little of the life and nature of the ordinary man and woman. To those who come in direct contact with patients and their problems, it soon becomes thoroughly evident that abstinence presents no solution at all.

Abstinence, if at all possible, is at best applicable only to those cases where both husband and wife are completely in accord about the question of sex relations, the size of the family, etc. In too numerous cases, however, the husband does not share his wife's view upon these questions. Often he is thoroughly irresponsible, either because of temperament and attitude, or temporarily on account of alcoholic excesses. Even when the wife strenu-

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ously objects, he demands and exacts his sexual gratification, and many women have told me of conceiving under these circumstances. Whether conception under such conditions has any effect upon the offspring, I am not prepared to say, but that it frequently leads to irreparable physical and mental damage of the mother I know from my own observations. On the other hand, often, when the wife is strong enough to repel her husband, he resorts to extra-marital relations, with the resulting physical, social, and moral dislocations which are known to every physician. Such instances are very common, and have come to my notice time and again, and I am increasingly persuaded that the inability to regulate child-bearing is an important underlying cause of prostitution and of the spread of venereal disease.

But even were total abstinence possible, it is not desirable. In the opinion of those most competent to pass judgment upon the question, abstinence in marriage is distinctly harmful. It is physiologically and psychologically unsound, and it often leads to marked physical and mental disturbances. "Complete restraint in a couple who are living together in the daily contacts of marital life," say Drs. Reynolds and Macomber (*Fertility and Sterility*, Phila-

delphia, 1924), "is so unnatural that it is almost inevitably followed by disturbance in their sexual organs."

Abstinence being neither feasible nor desirable, the woman who for any reason does not wish to bear children for a while must resort to some form of contraception. As contraceptive methods cannot usually be obtained from the physician or in the clinic to which she ordinarily goes for her medical advice, she obtains this information from some friend or neighbour, from the corner drug-store, or from some charlatan. Such information is rarely satisfactory. Statistics gathered by Haire, Davis, Bocker, Stone, and others, have shown that many of the contraceptive methods commonly employed by the laity are inadequate to protect the woman against pregnancy, and frequently fail.

It is largely because of the failure of such preventive methods that abortions are so prevalent. The woman who feels that she cannot and must not bring forth another child will frequently go to any extreme in her effort to interfere with a pregnancy. The number of abortions performed annually in the United States is enormous. Since all but therapeutic abortions are illegal, exact figures are not

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obtainable, but it has been estimated variously by experts that somewhere between 500,000 and 2,000,000 abortions are procured annually in the United States. To quote from the report on 1,655 women by the Clinical Research Department for 1925 :—

Particularly striking is the number of induced abortions admitted by our patients. These totalled 1,434, varying from one to as many as forty abortions. It is not unusual to have a woman state that she has had four or five or even ten abortions performed. When we take into account the fact that women generally are afraid and reluctant to admit the occurrence of induced abortions, the total given above undoubtedly greatly under-estimates the actual number.

Our records justify the conclusion that the majority of these abortions, with their consequent dangers, ill-health, and mental agony, could have been prevented by proper contraceptive instruction.

Our clinical experience shows us that there is an urgent demand for scientific information in methods of contraception. This information must be supplied by the physician. To advise a woman properly what preventive methods to employ requires a knowledge of anatomy and physiology and of the normal and abnormal functioning of the human body ; it requires the

training and the understanding which is usually possessed by the physician. Contraceptive methods, the same as any other medical treatment, must be individualized, and the personal needs and peculiarities of each case taken into account.

At present there is a need for the further development of Birth Control clinics. It is likely that in the future the gynæcological clinics of the hospitals or the many welfare centres may take over the work of instructing their patients in contraceptive methods. For the present, however, these centres are unable or unwilling to undertake this work, and the Special Clinics must by their success prove that Birth Control should be made part of regular medical practice, and also serve as research and experimental stations for the perfecting of contraceptive technique.

An efficient and satisfactory contraceptive method must be reliable, and physiologically and psychologically sound. Physiologically, it should not interfere with the normal functioning of the generative organs, and should cause no pathological changes either in the male or the female. Psychologically, the method should be free from any æsthetically disturbing factors during sexual intimacy. The methods advised

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in the various Birth Control centres, consisting generally of an occlusive pessary in conjunction with a spermicidal jelly, come nearest to fulfilling these requirements. Studies by various observers have shown them to result in a smaller percentage of failures than any of the other commonly employed methods.

A common objection to Birth Control is that artificial methods of preventing conception are harmful. This certainly is not borne out by our experience. With the methods we have been advising, I have seen no ill-effects in any of the 5,000 cases which have come under my own observation. An analysis of the cases at our clinic after careful follow-up work for over two years has proven these methods to be highly satisfactory.

There may be an honest divergence of opinion as to whether there is or is not a need for restricting the birth-rate of nations, but that there is a distinct need for regulating the birth-rate in the individual family should be beyond dispute. It is primarily a question of human health and happiness. To the physician contraceptive knowledge is a very important aid in conserving the health and well-being of the community. Marital happiness depends largely upon a proper sexual life, and a proper sexual

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life is unlikely without a knowledge of dependable and harmless contraceptive methods. Medicine to-day strives to be preventive rather than curative, and scientific Birth Control is one of the finest expressions of Preventive Medicine.

